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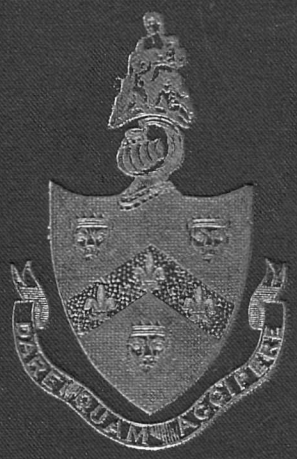

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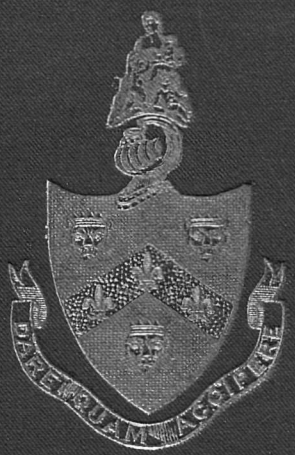

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Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied by the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the GAZETTE *bound should leave them with the Librarian.*

The annual Subscription to the GAZETTE *is* 6s. 6d.; *post free,* 7s. 6d. *All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, SECRETARY'S OFFICE, GUY'S HOSPITAL.

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING AND SIXPENCE.

Calendar of Coming Events.

Jan. 2.—Mr. Lucas's take-in; Ds. H. W. Bruce and P. Turner; Cl. R. P. Rowlands.
G. H. A. F. C.—I. Beckenham, home.
„ 4.—Lectures resumed after Christmas Recess.
First Part of the Conjoint D.P.H. Exam.
„ 5.—First Conjoint Exam. begins.
„ 6.—Mr. Golding-Bird's take-in; Ds. H. D. Peile and W. N. East; Cl. Mr. V. E. Collins.
Clinical Lecture by Mr. Golding-Bird.
„ 7.—Second Conjoint Exam. begins.
„ 9.—Clinical Lecture by Dr. Pitt.
G. H. R. F. C.—I. Catford Bridge, home.
II. St. Thomas's Hos., away.
III. Upper Clapton, away.
G. H. A. F. C.—I. Croydon Park, home.
II. Croydon Park, away.
Physical Society—Pathological evening.
Disguysed Minstrels, Beckenham Public Hall.
„ 11.—Second Part of the Conjoint D.P.H. Exam.
Disguysed Minstrels, St. George's Hall, Langham Place.
„ 12.—Meeting of Dental Society at 4.30 p.m.
„ 13.—Clinical Lecture by Mr. Golding-Bird.
Dr. Howse's take-in; Ds. W. Mussellwhite and F. J. H. Martin; Cl. G. K. Levick.
Third Conjoint Exam. begins.
G. H. R. F. C.—I. Croydon, home.
„ 14.—Disguysed Minstrels, Theatre Royal, Richmond.
„ 16.—Clinical Lecture by Dr. Pitt.
G. H. R. F. C.—I. Harlequins, away.
II. Kensington, home.
G. H. A. F. C.—I. Cheshunt, away.
II. Ewell, home.

Guy's Hospital Gazette,

JANUARY 2, 1897.

The Old Year and the New.

AT this season of the year when the old order changeth, giving place to new, when the affairs of this matter-of-fact world are by common consent brought to a check and started afresh, when Christmas decorations and festivities are put away, and all things resume the lugubrious aspect of things peculiar to London, then it is that with a great flourish of trumpets the press pronounces its verdict on the year that is gone and its prophecy of events in the near future.

In looking back through the file of GAZETTES for 1896 the reader notices one dominant note, namely that of Re-endowment, which will be, without doubt, the most important item in the history of our hospital for last year. As is well known, twelve months ago the motto for 1896 given to the readers of the GAZETTE was "Sustentation," for then it was only sought to raise annually a sum sufficient to maintain the hospital in efficient working order from year to year. Early, however, in the present year, it was decided to make a bold bid for Re-endowment, and this it is which has been the keynote of Guy's politics during 1896. To set this scheme moving an appeal was issued, and it was decided to hold a Festival dinner in May—a date subsequently altered to June—on which occasion H.R.H. The Prince of Wales promised to take the chair. In the event, the dinner was held at the Imperial Institute on June 10th, and except for drenching showers of rain was a very great success. In answer to his appeal H.R.H., the chairman, was able to announce that £115,000 had already been received, making, with the moneys received and not yet drawn on for purposes of Sustentation, a total of some £170,000. At the same time the Prince of Wales announced the retirement of Lord

Aldenham from the President's chair, to which he was himself willing to succeed; and on the same occasion it was announced by Mr. Lushington that he intended shortly to resign the post of Treasurer, which he had held for twenty years. This formal resignation took place early in November, and Mr. H. Cosmo Bonsor, M.P., was elected to succeed Mr. Lushington. The hospital has thus in one year changed two of its most important officials. Lord Aldenham, who as Mr. Hucks Gibbs became President of the hospital in 1880 in succession to Lord Cardwell, had tided the charity through a time of great difficulty, and helped materially in raising the sum of money asked for in 1886; while Mr. Lushington had served Guy's well for a period of twenty years, and has been mainly responsible, among other things, for the reform of the nursing system.

Concurrently with these changes have been instituted sundry alterations, whereby the public who are now called on to support the hospital are given a greater share in its management. Large donors become eligible for election as Governors as vacancies occur, but the number of Governors is limited by the Act of Incorporation to not more than sixty. There are also various Standing Committees, as may be seen in another column, who are entrusted with the care of different departments of the management. The names of the members of these committees are in themselves a sufficient guarantee of the best expert opinion being heard in the deliberations of each. The Estates Committee is composed of men who have a practical interest in land; the Finance Committee, of those who are well versed in investments of capital; and the House Committee, which sits every Wednesday morning at ten to receive the reports of the officials of the hospital, is composed of all members of the Court of Committees who consent to serve on it, and affords them a practical opportunity of becoming acquainted with the working of the whole hospital. In this way Guy's and the public will, in the future, be brought into closer relations, and the former will profit by the scrutiny, advice and the generosity of the latter. The prospect accordingly is bright; material progress has been made towards the Re-endowment of the hospital during the course of the past year, and the ground is well laid for the completion of this great scheme before many years are over. To readers of this GAZETTE the most interesting subscription to recall to their minds will be that of the Students and Staff, which, initiated in a circular sent round by Dr. Wilks and by the Residents, resulted in a total collection of £26,500, to which the tour of the Disguysed Minstrels contributed £220.

During the year the hospital has been twice honoured with a visit from royalty, the Duke and Duchess of York paying an unexpected visit on March 10th, and H.R.H. The Prince of Wales on May 5th. The former, curiously enough, was the first visit ever paid, with the exception of the Duke of Cambridge, who is a Governor, by royalty to Guy's Hospital. Royal favour has also put a seal to the public reputation of Dr. Wilks and Mr. Thomas Bryant, by the appointment of the former as Physician in Ordinary and the latter as Surgeon Extraordinary to the Queen. Dr. Wilks was further elected, on Monday, March 30th, President of the Royal College of Physicians, while Mr. Bryant has been re-elected to represent the College of Surgeons on the British Medical Council. There has, however, been no change in the hospital Staff, with the exception of Dr. Savage's appointment as physician for mental diseases. In the lecturing staff, Dr. Campbell has left Guy's for Bradford, where he is now physician to the Infirmary, and his work as demonstrator of biology is taken by Dr. Stevens. Mr. Pakes assists Dr. Washbourn in bacteriology; Mr. Rowell is demonstrator of anæsthetics in Dr. Silk's place; and Mr. Jacobson is succeeded in the anatomy lectureship by Mr. Lane.

The chief structural changes in the hospital have been the completion of a new aseptic theatre; the re-flooring with a glass mosaic, and other improvements, of the surgery; the instalment of a satisfactory drainage system for the post-mortem room; the closure of the back gate and the building of a new porter's lodge at the entrance opposite the College, and the completion of the new buildings of the Medical School. The School is still able to boast of its entry as the second largest in London, having sunk only from 80 to 76, when most schools have had an entry smaller by one quarter than in September of last year. The Biennial Dinner was held on October 1st at the Hotel Cecil, 272 Guy's men being present, under the chairmanship of Dr. Taylor; while the interest of some of the outside public in the hospital has been elicited by the foundation of a Ladies' Association for gentlewomen willing to visit in the wards, and help by their handiwork the poorer patients on their discharge.

In the nursing staff the chief changes have been the loss of Nurse "Phyllis," Nurse

Palmer, Nurse Traill, Mrs. Keogh ("Auntie"), Mrs. Price (Sister Clinical), who left Guy's to become Matron of the Mill Road Infirmary, Liverpool, Miss Metcalfe (Sister Accident) and Miss Halahan (Out-patient Sister). Miss Hermann, who was in Mary, is now in the Clinical wards, Miss Paterson is in Mary, Miss Morrah in Accident, Nurse Hodges is Out-patient Sister, Miss Lawrence (Sister Ella) Night Sister and Miss Pye, Sister in the Surgery. The establishment of the Nurses' Cycling Club at Lewisham is so universally known as to need no further comment.

In studentdom, the residents have been Messrs. J. H. Horton, A. P. Beddard and W. Tyson (Dr. Pye-Smith); A. V. Clarke and W. H. Jewell (Dr. Taylor); L. E. V. Every-Clayton and C. D. Edwards (Dr. Goodhart); A. A. H. Partridge, A. Salter and C. J. Harnett (Dr. Hale White); Messrs. S. Copley, T. M. Thomas and H. A. Moffat (Mr. Howse); C. H. Bryant, J. R. Steinhaeuser and H. T. S. Bell (Mr. Davis-Colley); B. A. Richmond and W. S. Handley (Mr. Lucas); E. T. Shorland and E. E. Henderson (Mr. Golding-Bird); Messrs. H. A. Munro, W. S. Handley, E. E. Henderson, C. J. Harnett, R. H. Hayes, N. H. Pike, A. H. Spicer, H. R. T. Fort, T. B. Poole, P. N. Vellacott, C. T. Anderson and J. Howell. Messrs. Partridge, Every-Clayton, Beddard and Edwards have been successive Presidents of the Resident Staff.

The most conspicuous examination performances have been those for the London M.D. degree, in which, as we announce to-day, Mr. A. Salter took the gold medal. In the hospital, the Treasurer's gold medal for medicine was taken by Mr. W. Ramsden, and that for surgery by Mr. R. P. Rowlands, in his fourth year.

Turning to lighter matters, we find that our chief teams, at least earlier in the year, have been very disappointing. The Rugby team was badly beaten by St. Bartholomew's in the second round; the Association team lost to St. Mary's, but played one good drawn game with Ewell before being beaten by that team for the Surrey Charity Shield; while the cricket team, after a good season, in which they had defeated London and University Hospitals, ended up most disappointedly in being defeated by an inferior team from St. Bartholomew's. We hope that the prospects of the football season this year, which we publish in another column, are brighter. In the United Hospitals' Athletic meeting our team did about as well as was expected of it, gaining the second place in five events, but the first in none. The Lawn Tennis Club and Rifle Association had but moderate teams, and were attended with only moderate fortunes. The boxing team were practically unsupported by Guy's men, and, though courageous, were unsuccessful. Three trophies only remain to us, namely, the Mellin's bicycling shield, the 10-mile cross country challenge cup, the normal allocation of which in Guy's was practically uncontested, and the hospital water-polo cup. The water-polo team, indeed, is deserving of the highest praise, and after a most successful season, they defeated University in the cup-tie with ease.

The Disguysed Minstrels have constituted themselves into a club, and have made elaborate preparations for their season, which bids fair to be even a greater success than the last. Lastly, we ourselves on this GAZETTE have suffered from the ravages of time. A new editor fills the editorial chair, and feels the burden of his responsibility lie heavily upon him. Last winter a plate representing London Bridge some three centuries ago was distributed with the Christmas number; this year a reproduction was given of the fresco in the Nurses' Dining-Hall representing Spring. A special number was issued for the festival in June, and the ordinary numbers have been enlarged for the students' number in September, and for the two last issues, one a Christmas number. A satisfactory, although more expensive, method has been hit on in the collotype for the reproduction of photographs. This has been utilised for the publication of a Christmas card, of which we sold 5,000 copies. Amongst other changes, the want of a shorthand reporter for clinical lectures has been somewhat severely felt.

And now, for one moment, we peer into the mist that fortunately shrouds the future. We look for an improvement in the position of the hospital in every way in 1897—improvements in its financial and professional prospects; increased prosperity to the medical school consequent on the opening of the new buildings; increased comfort in hospital arrangements, especially for nurses, when the proposed changes as to their better accommodation have been carried out. The outlook is dim, but full of hope; we foresee no great change or movement in the coming year, and we stand on the brink of the future confidently determined to entrust ourselves and the precious burden of Guy's Hospital committed to our care, to the inscrutable depths of

1897.

Scoliosis: or Lateral Curvature of the Spine.

BY A. H. TUBBY, M.S.

(Abstract of an address delivered to the Physical Society, October 31st, 1896.)

DEFINITION.—Scoliosis is a rotation of the vertebræ around a vertical axis, frequently but not necessarily combined with lateral deviation or bending of the spine.

ÆTIOLOGY.—*Frequency.*—Scoliosis is found in about one case in ten of deformities.

Sex.—The speaker's cases show that it is four times as numercus in girls as in boys.

Age.—Mainly a deformity of adolescence; its onset is most frequently between the ages of 7 and 14 years.

Heredity. — Fairly well-marked, one case quoted of great-aunt, father and three children affected.

CLINICAL ASPECTS—It is necessary to distinguish lateral deviation from lateral rotation. The former is merely a bending of the spine laterally, and disappears on suspension or recumbency, and there are no structural changes in the spine and chest. It is due to muscular and ligamentous relaxation.

1. CASES IN WHICH THE CURVATURE IS MAINLY SEEN—LATERAL OR C-SHAPED.

Extent.—May be small or may involve the whole spine.

Situation.—Generally in dorsal and lumbar regions.

Gravity.—Is considerable because of the number of vertebræ involved: effect of the weight of the head and upper extremities constantly increasing it: and because it is usually associated with considerable muscular relaxation.

Rate of development.—In one case, a well-marked C-curve developed in six weeks.

2. CASES IN WHICH TWO NEARLY EQUAL CURVES ARE PRESENT.

Situation.—In dorsal and lumbar regions as a rule. If a curve be present in cervical region generally due to torticollis or astigmatism (case quoted).

Which is the primary curve? That which is the less mobile.

Why is the primary curve usually to the right? On account of the excessive use of the right arm in faulty positions involved in occupations and employments which elevate the right shoulder and depress the left.

Appearances in a well-marked case.—(For convenience of description the curves are taken as being convex to the right side in the dorsal, and concave to the left in the lumbar region:

Right = dorsal convex side.

Left = lumbar concave side.)

Right scapula is raised and in some cases almost horizontal, with partial displacement of its lower angle, *i.e.*, the right shoulder is growing out.

Left scapula is sunken and left shoulder is depressed.

Right arm is close to the side and the left falls away at an increased angle from the flank.

Right ribs bulge behind and are depressed in front. On the left side the conditions are reversed.

Right hip is prominent and right flank depressed.

Right clavicle is much curved, and in rare cases dislocation of the sternal end has occurred.

Position of processes of the vertebræ. — The apices of the spinous processes are twisted towards the concave side, *i.e.*, to the left in the convex dorsal region and to the right in the concave lumbar region.

The transverse processes are prominent on the convex side of the curve and depressed on the concave side.

The mammary process is prominent on the concave side of the curve and depressed on the convex.

In a case with the dorsal convexity to the right the umbilicus is displaced to the left and so too is the xiphoid cartilage.

Displacement of viscera.—On the convex side of the curve the lung is smaller than normal, and in extreme cases there is loss of resonance and vesicular murmur. The heart apex is out of position. When the concavity is to the left, the apex is displaced upwards and outwards (I have felt the apex in the third intercostal space.) If the spine is concave to the right, the heart's apex is displaced much to the right, but is not upwards. The liver is often pushed downwards, and so is the spleen.

3. CASES WITH THREE OR MORE CURVES PRESENT.—The chest is not altered much in shape if the curvatures are small.

The least mobile curve on suspension is usually the primary curve.

4. CASES WITH PROJECTION OF ONE OR MORE SPINOUS PROCESSES.—The *importance* of this class lies in the fact that some of them are mistaken for Pott's disease of the spine, especially as some of the latter are complicated by lateral deviation of the spine. But the diagnosis is readily made by observing that in scoliosis there is no loss of flexion of spine, whereas in Pott's disease it is quite stiff.

5. CASES WITH OBLITERATION OR REVERSAL OF THE DORSAL AND LUMBAR CURVES.—*Significance.*—In such it has been found *post-mortem* that there is great rotation of the bodies, while the spinous processes are but little displaced (*cf.* dried specimen, Guy's Hospital Museum, 1006[30]).

VARIETIES OF SCOLIOSIS.

Primary.—(*a*) Occupation scoliosis.

Causes—Bad posture in sitting at lessons, and one-sided occupations.

(*b*) Congenital scoliosis. Three cases recorded.

(*c*) Rhachitic scoliosis.

Age of onset.—Two to four years.

Importance.—Prone to develop intractable scoliosis at puberty if left untreated.

(*d*) Scoliosis of nerve origin.—In locomotor ataxy, Friedreich's disease, infantile paralysis, pseudo-hypertrophic paralysis, and syringomyelia (*cf.* article by Mr. Targett, *Guy's Hospital Gazette*, August, 1895, pp. 133–135).

(*e*) Scoliosis ischiatica*

Secondary scoliosis.

(*a*) Static scoliosis = inequality in length of lower extremities, or loss of part or whole of one upper extremity or torticollis.

(*b*) Scoliosis of cicatricial origin, *e.g.*, empyema. The ribs are flattened on the affected side, and the spine is bent to the sound side.

(*c*) Scoliosis in association with nasal obstruction and adenoids of naso-pharynx = certain cure of kyphosis. Scoliosis in children is found complicated by these obstructions, and removal of adenoids is followed by rapid improvement in both the kyphosis and scoliosis.

A METHOD OF EXAMINATION FOR CASES OF SCOLIOSIS.—Severe cases are diagnosed at a glance, but in slight cases it is easy to overlook the condition. In addition to (1) *Recognition*, the following points should be observed:

(2) *Amount of rotation and fixation of the spine.*

(3) *Stage of deformity.*

(4) *Progress under treatment.*

1. *Recognition of deformity.*—Note the relative height of the shoulders, the asymmetry of the sides of the trunk, and general contour of the back, especially the flattening or prominence of the erectors spinæ. Also note the angles made by the arms with the body, the positions of the scapulæ, any alteration in the shape of the ribs, asymmetry of the breasts or deviation of the umbilicus from the middle line.

2. *The amount of rotation* is best estimated by the alteration in outline of the ribs and the displacement of the scapula.

The presence of fixation of the spine can be made evident by suspending the patient from a horizontal bar and noting if diminution or disappearance of curves occur. If, however, no decrease takes place in a curve on suspension, then little or nothing can be done to remedy it, and it is best left alone.

3. *Stage of deformity—i.e.*, if fixation is present or not. This is made as in note 2.

4. *Progress under treatment.*—A simple and efficient scoliosometer has yet to be invented. The best means at present is photography, after dotting the tips of the spinous processes with ink or crayon.

SYMPTOMS OF SCOLIOSIS.

1. *In a quiet stage.*—Weariness of back on long standing or sitting; slight elevation of one shoulder; loss of symmetry of flanks; projection of one hip.

2. *Stage of development.*—Marked by increase of deformity and pain.

Pain—local and diffused.

Causes—(*a*) Increased tension of muscles and ligaments on the convex side of curve.

(*b*) Altered position of viscera.

(*c*) A general hyperæsthetic condition, especially in neurotic girls.

Localisation of pain.—In dorsal region, a little below the angle of scapula on the convex side of the curve. In the lumbar region on the opposite side near the transverse processes.

3. *Pronounced stage.*—General distention of spine, trunk and chest, with or without fixation of curves.

PATHOGENESIS OF SCOLIOSIS.—Scoliosis is not a disease but a deformity.

Discordant facts.—1. Many delicate children with weak spinal muscles, and a proneness to faulty attitudes do not develop scoliosis.

2. Some vigorous children leading an active, open-air life, with spinal muscles as strong or stronger than the average, are the victims of lateral curvature.

3. Right-handed people sometimes develop scoliosis with the dorsal curve to the left.

4. Many people whose legs are unequal in length do not develop scoliosis.

5. A patient with shortening of the right leg and the pelvis sloping away to the right, may develop a primary curve with the convexity to the left in the lumbar region.

* C. F. Langenbeck's Archiv, 1889. Article 2, "Ischias Scoliotica."

6. Lateral rotation may develop with the spine in the horizontal position, as in some quadrupeds.

Observations show that—

(*a*) But little lateral flexion of the spine is possible, if the spine be erect or extended.

(*b*) If, however, pressure be brought to bear on the summit of the spinal column, and antero-posterior flexion be induced, some lateral bending is possible, and when the antero-posterior flexion passes beyond a certain joint, lateral rotation comes into play.

(*c*) Lateral rotation is still further increased if the pressure be applied obliquely and not immediately in the line of the long axis of the vertical column.

The order of events in scoliosis is first yielding of spine and exaggeration of the usual curves; secondly, lateral deviation; thirdly, lateral rotation.

PROGNOSIS OF SCOLIOSIS.—Bradford and Lowell remark: "Two errors in prognosis are common. Firstly, the deformity is of a most serious nature, and secondly, that it is a trivial affection and will be outgrown by the patient." It is not serious if taken early and not neglected; whereas it will not be "outgrown."

TREATMENT OF SCOLIOSIS.

Essentials. — (*a*) To prevent deformity if threatened.

(*b*) To correct it when present.

(*c*) To maintain the correction.

METHODS OF TREATMENT.—*General.*—Treatment directed to patient's general health, occupation and surroundings. Rickets and anæmia call for special treatment.

Local.—1. *Postural methods*, which teach the patient to assume correct attitudes and the avoidance of vicious positions, such as standing at ease, faulty sitting, etc.

2. *Recumbency.*—Object, to minimise the effect of the weight of the head, neck and upper extremities upon a weak spine. Daily duration must be limited, and suitable only at the commencement of treatment. Exercises taken in the recumbent position are often of value.

3. *Exercises.*—See below.

4. *Suspension.*—Of little value in two conditions; (*a*) If the patient is very weak and easily fatigued; (*b*) If the curves are fixed.

5. *Manual correction.*—Method. The patient lies prone, with the hands grasping a rod, and with the couch tilted so that some extension is present. The attendant then presses firmly with both hands simultaneously on the prominent ribs in succession from below upwards. By these means the ribs and vertebræ are gradually brought into improved positions.

Another method. The patient sits and the pelvis is fixed. The surgeon, seated behind the patient, presses with one hand against the ribs on the convex side of the curve, while his other hand grasps the patient's upper arm. By simultaneous movements of pushing on the convex ribs with one hand and drawing upwards and backwards the opposite shoulder with the other hand, redressment is obtained.

6. *Supports.*—These are best dispensed with as much as possible.

EXERCISES FOR CASES OF SCOLIOSIS.—A. *For earlier stages of the deformity in which considerable muscular weakness is present.*

1. The patient lies supine, with the arms by the side, and slowly raises them until they are fully extended above the head, with the palms upwards. They remain there for a few seconds and are then slowly replaced.

2. The same manœuvres, except that the patient is in the prone position and the palms are downwards.

3. The patient, in the supine position, imitates with the arms and legs the movement of swimming on the back. Then the patient takes the prone position, and movements of the upper limbs, as in the breast, are performed.

4. The patient lying supine, the arm on the side of the dorsal convexity lying close to the side of the trunk, the opposite arm is slowly brought away from the side, at first in full extension until the hand is beyond the head, and then the forearm flexed and pronated so that the hand is enabled to grasp the back of the head.

5. The patient still in the same position, with the arm on the convex side closely applied to the body, its fellow fully extended, it is slowly circumducted several times.

6. If there be much flexion of the cervical spine and dropping of the head, a strap or band may be fitted round the head. The patient then sits with the attendant opposite him and moves the trunk backwards and forwards, the attendant resisting the backward movement of the head and spine. An elastic "accumulator" fixed to the head band and held by the surgeon is invaluable, as the patient must exercise the spinal muscles against the resistance of the accumulator.

B. *Exercises adapted for cases of scoliosis in which fair muscular power is present.*

1. The patient is seated, and if it is a case of right dorsal scoliosis, the right arm is held close to the side, while the left arm is placed behind the back, and movements of inspiration and expiration are carried out several times.

2. The patient being seated near the edge of a firm and high seat, bends the trunk slowly forwards, with the arm on the concave side, and the thigh and leg on the convex side, extended as much as possible in a case of right dorsal curvature. The pelvis is held firmly by the assistant, the arm and leg are kept extended for a few seconds; then the patient gradually brings the limb back into the original position, at the same time straightening the trunk. If the scoliosis be left lumbar, then the left arm and right leg are extended.

3. Sitting on a chair with the feet curled round the legs of the chair, the patient should, in the case of a single curvature, slowly bend over to the convex side of the curve, the assistant standing on the concave side, and resisting the return to the upright position, with his hand pressing against the shoulder and hip of the concavity.

4. The feet being firmly planted, the patient, with the heels approximated and the toes turned well forwards, practises this manœuvre, with the pelvis resting against a bar. In the case of right-sided dorsal and left-sided lumbar scoliosis the patient's left hand is placed behind the head and the right hand behind the hip. The trunk is then inclined forwards, while the assistant, standing behind, resists the movement of restitution with his left hand placed firmly against the patient's left loin, and his right hand against the most prominent part of the dorsal convexity.

The above exercises, though in no sense original, have the advantages over the simpler ones of flexion and extension of the spine against resistance in that they are designed to bring into play more especially muscles which are shortened.

When the deformity decreases, additional exercises may be tried, viz.:—

5. The patient lying prone, with the arms first at the side, raises the head and shoulders from the couch. The hands are then placed behind the head, and the same manœuvre repeated two or three times. The feet are fixed during these movements.

6. Still in the prone position, with the arm on the convex side under the chest, and that on the concave side over the head, the body is swayed over to the convex side.

The New House Appointments.

ASSISTANT HOUSE-PHYSICIANS.

Biographical notices appeared of Mr. N. H. PIKE on March 28th and of Mr. T. B. POOLE on July 4th.

ASSISTANT HOUSE-SURGEONS.

Biographical notices appeared of Mr. P. N. Vellacott on September 24th and of Mr. A. H. SPICER on July 4th.

OBSTETRIC RESIDENTS.

A notice appeared of Mr. C. D. EDWARDS on March 28th. He has just completed his house-physicianship to Dr. Goodhart. He was, until two days ago, President of the Residents, and he is now recovering in John ward from a mild attack of diphtheria.

HENRY PERCIVAL FERRABY, having gained in September, 1890, an entrance scholarship in arts of the value of one hundred guineas, direct from Bedford Modern School, entered Guy's in the following month for the preliminary scientific course. He passed this examination in July, 1891, the first Conjoint examination in March, 1892, and the second in March, 1893; he also passed the intermediate examination in medicine, London University, in July, 1893. Mr. Ferraby clerked to Drs. Pye-Smith and Taylor in the medical wards, and dressed for Messrs. Jacobson and Howse. In addition to the compulsory appointments, he has acted as assistant surgeon's clerk, post-mortem clerk, dresser in the eye wards, clerk to the anæsthetists, and has just held the post of clinical assistant. He passed the M.B. London examination in October, 1895, in his fourth and full year.

ARTHUR WILLIAM ORMOND was educated at Tottenham Grammar School, and entered Guy's in October, 1891, as a full student. He was away for nearly a year, but passed the first Conjoint examination in January, 1893, and the second in October, 1893. After holding the appointment of surgical ward clerk, in July, August, and September, he passed the primary fellowship examination in November, 1894. Mr. Ormond clerked to Drs. Pye-Smith and Taylor, and dressed for Messrs. Symonds and Lucas. He has acted as assistant surgeon's clerk, clerk in the electrical department, dresser in the eye wards, clerk to the anæsthetists, and clinical assistant, and is now holding the appointment of gynæcological assistant.

It may be of interest also to include a short notice of the

OPHTHALMIC ASSISTANT.

JOHN WILLIAM HENRY EYRE, whose appointment in the above office is renewed, entered Guy's in 1888. He passed the first examination for the degree of Bachelor of Medicine at Durham in 1889, and the second examination in 1890. He clerked to Drs. Hale White and Pye-Smith, and dressed for Messrs. Golding-Bird and Durham. He has also held the appointments of post-mortem clerk, obstetric out-patients clerk, dresser in the throat department, dresser in the eye wards, and clerk to the anæsthetists at Guy's and clinical assistant at the Evelina Hospital; at Newcastle, assistant demonstrator

of physiology, and ophthalmic assistant at the Royal Infirmary and at the Northumberland and Durham Eye Infirmary. He is senior clinical assistant at the Royal Eye Hospital, and for the past two years he has acted as ophthalmic assistant at Guy's. He qualified M.R.C.S., L.R.C.P., in July, 1893, and M.B., B.S. Durham, in September, 1893. Last year he took his M.D. degree and D.P.H. Camb. He is established behind a brass plate in Trinity Square with Mr. Pakes.

List of Members of Committees

APPOINTED FOR THE YEAR 1896-97.

Meetings of the General Court will be held on the following dates, viz. :—Wednesday, Feb. 3rd, May 5th, July 7th, November 3rd.

The President of the Hospital, H.R.H. The Prince of Wales, K.G., and the Treasurer, H. Cosmo O. Bonsor, Esq., M.P., are *ex officio* members of all Committees.

COURT OF COMMITTEES.—Lord Aldenham, Chas. Barclay, Esq., Gen. E. H. Clive, Alfred L. Cohen, Esq., Lieut.-Col. J. F. Curtis-Hayward, Sir Joseph Fayrer, Bart., J. Herbert Fellowes, Esq., Hon. Sir Chas. W. Fremantle, K.C.B., John E. Gladstone, Esq., Rodolph A. Hankey, Esq., Gen. Sir R. Harrison, K.C.B., Capt. H. V. Hart-Davis, Richard M. Harvey, Esq., Hon. Evelyn Hubbard, M.P., Alexander J. Lawrence, Esq., C.I.E., Earl of Leven and Melville, Francis A. Lucas, Esq., Ed. H. Lushington, Esq., Fredk. H. Norman, Esq., J. A. Shaw Stewart, Esq., Sir Frederick Wigan.

Meetings of the Court of Committees will be held on the first Wednesday in each month, viz.: January 6th; February 3rd; March 3rd; April 7th; May 5th; June 2nd; July 7th; August 4th; September 1st; October 6th; November 3rd; December 1st.

HOUSE COMMITTEE.—Chairman, H. Cosmo Bonsor, Esq., M.P., Gen. E. H. Clive, Alfred L. Cohen, Esq., J. Herbert Fellowes, Esq., Rodolph A. Hankey, Esq., Richard M. Harvey, Esq., A. J. Lawrence, Esq., C.I.E., Francis A. Lucas, Esq., Ed. H. Lushington, Esq., J. A. Shaw Stewart, Esq.

Meetings of the House Committee will be held every Wednesday at 10 a.m.

ESTATES COMMITTEE.—Chairman, Albert Pell, Esq., Deputy-Chairman, Chas. Barclay, Esq. M. Biddulph, Esq., M.P.. Gen. E. H. Clive, Viscount Cobham, Samuel Hoare, Esq., M.P., Ed. H. Lushington, Esq., Col. Ruggles-Brise, C.B.

Meetings of the Estates Committee will be held at the discretion of the Chairman.

FINANCE COMMITTEE.—Chairman, Everard Hambro, Esq., Chas. Barclay, Esq., Walter H. Burns, Esq., Samuel Hoare, Esq., M.P., A. J. Lawrence, Esq., C.I.E., Earl of Leven and Melville, Ed. H. Lushington, Esq., W. S. Seton-Karr, Esq.

Meetings of the Finance Committee will be held at the discretion of the Chairman.

STAFF AND SCHOOL COMMITTEE.—Chairman, H. Cosmo Bonsor, Esq., M.P. Chas. Barclay, Esq., Viscount Cross, G.C.B., Sir Joseph Fayrer, Bart., Gen. Sir R. Harrison, K.C.B., Richard M. Harvey, Esq., Francis A. Lucas, Esq., Ed. H. Lushington, Esq., J. A. Shaw Stewart, Esq. *Staff Representatives*—H. G. Howse, Esq., Dr. F. Taylor, Dr. J. W. Washbourn. *School Representatives*—C. E. Groves, Esq., Dr. E. H. Starling, Dr. L. E. Shaw.

Meetings of the Staff and School Committees will be held on the fourth Wednesday in each month, viz. :—January 27th; February 24th; March 24th; April 28th; May 26th; June 23rd; July 28th; August 25th; September 22nd; October 27th; November 24th; Dec. 22nd.

BOARD OF MANAGEMENT OF THE GUY'S HOSPITAL TRAINED NURSES' INSTITUTION.—Chairman, Ed. H. Lushington, Esq. *Members, ex officio*—H.R.H. the President of the Hospital; the Treasurer of the Hospital; the Superintendent of the Hospital; the Matron of the Hospital. *Governors' Representatives*—Chas. Barclay, Esq., Ed. H. Lushington, Esq., J. A. Shaw Stewart, Esq. *Staff Representatives*—Dr. F. Taylor, Dr. P. Horrocks.

Meetings of the Board of Management will be held every Wednesday at 11.15 a.m., at the Institution, 14, St. Thomas's Street, S.E.

STANDING AUDITORS.—Richard M. Harvey, Esq., Samuel Hoare, Esq., M.P., Fredk. H. Norman, Esq., J. A. Shaw Stewart, Esq.

ADDITIONAL AUDITORS.—Robert Barclay, Esq., Rodolph A. Hankey, Esq., A. J. Lawrence, Esq., C.I.E., Sir Frederick Wigan.

Obituary.

William Thomas Beddoes Donnelly.

THE death is announced at New Cross on the 24th of December, of William Thomas Beddoes Donnelly, whom many will remember about the hospital, since he qualified as L.S.A. only in 1892, as M.R.C.S., L.R.C.P. in 1893, and as M.B., B.S. Durham Univ., 1893. In Guy's, Mr. Donnelly held the usual appointments, besides those of clinical assistant and dresser to Mr. Durham. After passing the Durham degree, he became in 1894 House-physician to Brompton Hospital for Consumption, and took a voyage to the East Indies and Japan on board a Holt liner. He entered practice at New Cross in November, 1895—just after the death of his father, and was appointed as Hon. Medical Officer to the Miller Hospital in 1896. He had been in failing health for some little time, and three weeks ago ran down to Bournemouth for a fortnight, but only returned to New Cross to take to his bed for the last time. He died on Christmas Eve—a week after his return, the cause of death being valvular trouble of long standing, the result of innumerable attacks of rheumatism.

He was a hard worker and a hard player; a thorough sportsman and a true friend. He was most energetic, in spite of his physical infirmities, of which he ever made light, and he was always ready and willing to give anyone a helping hand, with the result that he

won a deserving popularity both among his contemporaries and his patients. In his death, Guy's has added another name to the long death-roll of her sons who have won her a never-ending crown of glory.

The Services.

(From our Special Correspondent).

ARMY MEDICAL STAFF.

An examination of candidates for thirty-five Commissions in the Army Medical Staff will be held at the Examination Hall, Victoria Embankment, W.C., on the 5th February next, and following days.

Applications for admission to the competition should be made in writing, without delay, to the Director-General, Army Medical Department, 18, Victoria Street, London, S.W.

The list will be closed on the 28th January.

War Office, London. (Signed) J. JAMESON,
3rd December, 1896. Director-General.

CHANGES OF STATION.

The following changes of Station amongst the officers of the Army Medical Staff have been officially notified to have taken place during the past month :—

Surgeon-Major R. D. Hodson, from Shorncliffe to Nova Scotia.

Surgeon-Major J. R. Stuart, from Dover to Shorncliffe.

Surgeon-Captain E. M. Pilcher, from Punjab to Bengal.

Surgeon-Lieutenant H. Hewetson, from Aldershot to Curragh.

INDIAN MEDICAL SERVICE.

An examination for seven appointments to Her Majesty's Indian Medical Service will be held in London on the 5th February, 1897, and following days.

Copies of regulations for the examination, with information regarding the pay and retiring allowances etc., of Indian Medical Officers, may be obtained on application to the Military Secretary, India Office, London, S.W., to whom the necessary certificates must be sent so as to reach him not later than the 22nd January, 1897.

At this and subsequent examinations the new scale of marks for the various subjects already notified will come into force.

India Office, O. R. NEWMARCH, Major-General,
14th December, 1896. Military Secretary.

THE NEW BULLET.

Extensive trials have recently been made in India with a new bullet for the Lee-Metford rifle. This is the invention of Capt. Bertie Clay, Royal Artillery. It was found that the bullet at present in use failed to stop a man, unless hit in some vital spot. During the war in Chitral, one of the Chitralis was brought into hospital with no less than six bullet wounds, and the soldier consequently lost confidence in his weapon.

In the present bullet a portion of the lead about the middle of the bullet is left unnickeled. The result of this is that this portion flattens out, and so increases the severity of the wound.

Lengthy experiments were recently conducted in India in the presence of the Commander-in-Chief, East Indies, medical officers being detailed to make notes on the results.

Carcasses of sheep were fired at, and the result was highly satisfactory. The wound of exit was found to be much larger than the wound of entrance, which is not the case with the present bullet, and the soft tissues of the body were much lacerated. The bones were found to be fractured in all directions. Other experiments to test the velocity and penetrating power of the new bullet were also conducted by firing at bags of sand, etc., and these properties were found to be quite as good in the new as in the old bullet. It is expected that the new bullet will be put to a series of lengthy and exhausting trials in this country.

A copy of "Blackwood's Magazine" for December has been placed in the library as promised in the GAZETTE of December 19th last.

Re-Endowment Fund.

Nothing in the history of the recent appeal caught the fancy of the newspaper press more than the endowment of beds by London clubs. Unfortunately, what was simply a movement generously started in several clubs, was referred to as an accomplished fact. We have now, however, to gratefully welcome the receipt of a thousand pounds from White's Club, per Mr. W. M. Low, and this encourages us to hope that the other clubs whose names were mentioned, will not allow themselves to be outdone.

Sixty-three years ago a youth was sent to the hospital by his father to get a bottle of medicine prescribed by Dr. Babington. The father, though seriously ill, recovered under the treatment, and subsequently sent the son to San Francisco, and on the North American continent, amid many vicissitudes, he passed over fifty years. Now, a very old gentleman, he has returned to England, possessed of a little surplus of cash over and above his modest wants. With that surplus in his hand he walked into the secretary's office on Wednesday last and gave it in person to Mr. Bonsor for the benefit of the hospital. Between the day when he came for that bottle of medicine and last Wednesday, this gentleman, Mr. W. F. Highfield, had never been to Guy's. Never was there a more striking proof of bread cast upon the waters being found after many years.

DISGUYSED MINSTRELS.

By the time these lines are in the hands of our readers, the first public performance of the present season, that at Peckham, will be an accomplished fact, and we shall know how far the troupe has hit the popular taste. The two full-dress rehearsals in the Governors' Court Room on the 29th and 31st ult. were attended by overflowing audiences, and many had to be turned away at the doors. For any disappointment which may have been experienced, the secretary wishes to express his sincere regret. At the latter of these two performances we were honoured by the presence of Mr. and Mrs. Cosmo Bonsor, Mr. Lushington and Mr. Harvey.

Bookings for the St. George's Hall performance on the 11th inst. are not proceeding in a satisfactory manner. By this time there ought not to have been a single reserved seat left. The support of some of the Governors, notably that of H.R.H. The Duke of Cambridge, the Earl of Leven and Melville, and Mr. Cosmo Bonsor is, however, most encouraging.

Volunteers are badly wanted for Richmond on the 14th inst.

In the Out-Patients' Department.

MEDICAL.

UNDER DR. SHAW.—October 16th.

CASE 1.—AORTIC REGURGITATION; ? MITRAL CONSTRICTION.—A carpenter, æt. 42, complained of pain in the stomach and vomiting after food for the last two months. A fortnight ago he became slightly dyspnœic on exertion, had a cough and some expectoration. There was no rheumatic history. On examination, the cardiac impulse was felt in the sixth left intercostal space, internal to the nipple line; there was no thrill. At the apex a short presystolic murmur was heard running up to an accentuated first sound; the second sound at the apex was normal; at the base a diastolic murmur was heard, most distinctly to the left of the sternum. The pulse was soft and irregular. The bases of the lungs were free from râles. There was no œdema of the ankles.

The case was of interest in that the patient sought relief of his gastric and not of his cardiac symptoms; and that the presystolic murmur did not obliterate the apical second sound as is commonly the case, probably because it was so short. The presystolic murmur was thought to be due possibly to actual mitral constriction, as it was very short, and terminated abruptly at an accentuated first sound; characters not common to the virtual obstruction producing a Flint's murmur. The absence of a rheumatic history was not against this view, as cases of actual mitral constriction without it do occur, but they are more common in women than in men. The diagnosis was aortic regurgitation; ? mitral constriction

The prescription, Tinct. Digit. ɱv.; Mist. Bismuth et Morph. ʒi. t.d.s.

CASE 2.—CIRRHOSIS OF THE LIVER.—A man, æt. 52, working in the Woolwich Arsenal, came up for œdema of the legs, which he first noticed one morning three weeks ago. There was no rheumatic history, and no gastric symptoms were present. Patient admitted to drinking two quarts of beer a day, but said he took no spirits. The heart was normal; the urine contained no albumen. On palpating the abdomen and asking the patient to take a deep breath, a strong spirituous odour was emitted with the respiration, and the liver was felt to be enlarged nearly down to the umbilicus; it was hard, and the surface was apparently smooth. No ascitic fluid could be demonstrated. The diagnosis was cirrhosis of the liver. In discussing the occasional presence of œdema of the legs without ascites in hepatic cirrhosis, Dr. Shaw inclined to the view that such cases might be explained on a toxic theory. Patient was admitted into the ward.

MEDICAL.

UNDER DR. SHAW.—October 23rd.

CASE I.—GENERAL ŒDEMA.—A healthy-looking schoolboy complained that since the 20th his legs, arms and face became swollen at night. In the morning when he wakes up he can scarcely see out of his eyes on account of the puffiness, but it gradually passes off during the day; it is not accompanied by any pain or itching. On examination a slight puffiness was found beneath the left eye, and both ankles were slightly œdematous; patient said that the œdema was much more marked in the morning than when he was being examined, the metacarpo-phalangeal joints being then unrecognisable. The heart and lungs were normal, and the urine contained no albumen. The uncommon occurrence of œdema without any apparent cause was discussed, the small number of cases which have been observed generally occuring in young children, a few have been considered due to digestive disturbances caused by toxic products in the food taken.

The diagnosis was general œdema, and the prescription ordered was Mist. Sod. et Gent. ʒj. t.d.s.

CASE 2.—HYSTERIA.—A girl, æt. 12, who had been quite well till a month ago, saving attacks of headache, thought to be due to an error of refraction, then lost her voice, and at the same time her mother noticed a continuous and regular upward and downward movement of the lower jaw. On patient being asked her name, the head was moved in an irregular manner, from side to side and from before backward, the face became flushed, and then the teeth were clenched and remained so for some seconds; the mouth was then opened, and patient's effort to speak terminated in a slight hiss, followed by a prolonged sigh. She was obviously fatigued by the effort. Swallowing was performed normally, but patient was unable to drink by herself. The glass of water being raised to the mouth, was subjected to a series of blows from the moving mandible. She made no effort to tilt the glass, so that the water could pass into her mouth. Neither arms or legs were affected. There was no history of fright. The case was considered to be a functional condition, and patient was admitted into the ward, as Dr. Shaw thought no treatment as an out-patient would be successful. It was interesting to note that she cried lustily while arrangements were being made for her admittance.

OBSTETRIC.

UNDER DR HORROCKS—October 10th.

MENSTRUATION AFTER CLIMACTERIC.—E. L., æt. 67, a single woman, who had until recently been a housekeeper, gave the following history:—For the last two years she has been unwell every month, and until two days before attending out-patients the discharge had lasted for six weeks; she then passed a large clot, soon after which it cased. These periods resemble those of normal menstruation, at times the discharge is dark, at others bright, and large clots have been passed. They last from three to four days. She commenced to menstruate when 17½ years of age, the discharge lasting as a rule seven days and occurring every six weeks, being preceded when young by a white discharge lasting for two days. The aura was abdominal pain for three days, and similar auræ occur with the

present periods. The menopause was reached at 48. Micturition and defæcation are normal, and the general health good. On examination there was found senile atrophy of the parts, which were quite healthy. There was no evidence of growth or ulceration. The diagnosis was menstruation after climacteric.

Dr. Horrocks, in discussing the rarity of the case, considered that cancer of the fundus was the most important disease to eliminate. The auræ being the same as those occurring before the climacteric strengthened the diagnosis.

SURGICAL.

UNDER MR. DUNN.

ISCHÆMIC PARALYSIS OF THE ARM, DUE TO TIGHT SPLINTS.

History.—Ten months ago, the patient, a boy, æt. 12, broke both bones of his forearm. He was taken to a hospital at once, and the arm was put up in splints. Next day he was seen again, the splints were re-adjusted, and he was told to come up again in a week. During the ensuing week he suffered acute pain, owing to the tightness of the splints; but the surgeon's instructions were carried out to the letter, and he was not brought up until the week had expired. On the removal of the splints the forearm was found to be sloughing. The splints were abandoned and antiseptic treatment adapted, and continued for six weeks.

Present condition.—There is a long scar extending from the internal condyle of the humerus to the middle of the dorsum of the hand, and occupying about one-third of the width of the forearm. There is another scar, about four inches in length, extending longitudinally over the front of the wrist. The fingers are cold and red, but sensation is everywhere perfect. The forearm can be flexed and extended, but there is no power of pronation or supination. The wrist-joint is fixed in a slightly flexed position. The thumb is rigid and extended in the opposed position. The fingers are also extended and held close together, but they are not quite so rigid as the thumb. The tendons over the front of the wrist and lower part of the forearm are firmly adherent to one another, and bound down. The hypothenar eminence and interosseous muscles are normal; the thumb muscles supplied by the median nerve are wasted. The biceps is in fairly good condition.

Mr. Dunn pointed out that the sequence of events in these cases is (*a*) extreme congestion of all parts, due to tight splinting; (*b*) sloughing; (*c*) fibroid change in the muscles after removal of the splints. The nerves do not necessarily suffer beyond being involved in cicatrices. In the present case he noted that the suppuration had extended into the wrist-joint and destroyed it. The muscles as a whole had not undergone much fibroid change; though the median nerve was probably involved, the ulnar nerve seemed to have escaped inquiry.

Treatment.—On removal of splints, vigorous antiseptics. Subsequently to cut down and free the tendons as far as possible, and any nerves which might be involved. Ankylosed joints, if not too much damaged, might be broken down under an anæsthetic.

Prognosis.—Not very good.

SURGICAL.

UNDER MR. DUNN.

A CASE OF CURED POPLITEAL ANEURYSM.

History.—The patient, an elderly man, was admitted under Mr. Golding-Bird, a year ago, with pulsating tumour in the popliteal space (right leg). Digital compression having been unavailingly tried for two periods of twenty-four hours, Mr. Golding-Bird cut down on the superficial femoral artery at the apex of Scarpa's triangle and tied it. The leg was then swathed in cotton wool and elevated.

Present condition.—A little thickened mass can be felt in the lower part of the popliteal space, but there is no pulsation. Patient now complains of pains in the leg, especially on walking. Mr. Dunn remarked that these pains were common in such cases, the possible cause being another aneurysm higher up. This was, in the present instance, excluded. Another possible cause was rheumatism, but in this case only the right leg was painful, though both knee-joints grated a little. A third cause was varicose veins, which were produced (*a*) by the diminution of the arterial force, due to the ligature of the superficial femoral; (*b*) by thrombosis of the superficial femoral veins, consequent on irritation set up by the closely contiguous ligature. None of these conditions could be satisfactorily established, and the pains were ascribed generally to the altered conditions of circulation in the limb, especially perhaps the increased intramuscular anastomoses.

Guy's Men in Practice.

During the past year the following Guy's men have settled in practice. We shall be glad to publish any further information that may be given on this matter:—

H. A. Munro, Catford, Kent (full).

W. S. Frith, H. R. T. Fort, Rickmansworth, Herts (partnership).

A. J. Sharpe, Whitby, Yorkshire (full).

M. Hamblin-Smith, Silverdale, Staffordshire (partnership).

H. W. Collier, Adderbury, Oxfordshire (partnership).

T. R. Pollock, Tiverton, Devon (full).

Hugh Bryant, Shaftesbury, Dorset (full).

S. W. McIlwaine, Banbury, Oxfordshire (full).

Leonard Slater, East Finchley, Middlesex (full).

W. G. Thorpe, Balham, Surrey (partnership).

Peter Paget, Tenterden, Kent (full).

W. E. Robinson, Brenchley, Kent (full).

H. J. Spon.

PHILIP WARD CONCERT

— PROGRAMME —

UNDER THE DIRECTION OF MR. CHAS. RYLEY.

1. Mr. George Tate ... ... Song, "Across the Far Blue Hills."
2. Miss Mary Desmond ... ... Song and Encore.
3. Miss Connie Ediss (*Gaiety*) Song, "For simple little reasons of his own," and Encore.
4. Stavordale Banjo Quartette "Whisper, and I shall hear"; "Oh lub, I lub you."
5. Mr. Louis Bradfield (*Garrick*) Song, "The very first day she came," and Encore.
6. Miss Kitty Adams and Miss Kristine Yudall (*Daly's*) ... ... Duet, "Violets."
7. Miss Rosina Brandram (*Savoy*) ... ... Song.
8. Mr. Maurice Farkoa (*Gaiety*) ... ... Laughing Song and Encore.
9. Miss Katie Seymour ... ... Dance.
10. Mr. Hayden Coffin (*Daly's*) ... ... Song, "The Village Blacksmith."
11. Miss Violet Robinson ... ... Song.
12. Mr. Courtice Pounds ... ... Song, "Tell her I love her so."
13. Mr. Fred Upton ... ... The Novel, by the Condensed Novelists' Association.
14. Mr. J. Furneaux Cook ... ... Song.
15. Mr. Cecil Barnard ... ... Musical Sketch.
16. Mr. John Le Hay ... ... Scientific Address on a Domestic Animal.

Messrs. Victor Champion, Horace Gilmer, Barter Jolins and Theo Gard accompanied.

The Ladies and Gentlemen from the Garrick, Gaiety, Daly's, Savoy, Duke of York's, and Princess's Theatres, by kind permission of Mr. George Edwardes, Mr. R. D'Oyley Carte, Mr. Levenston and Mr. Albert Gilmer.

DEC 31st ~
~ 1896
~ 3.45
To
6. PM ~

Passim.

SITTING down to inscribe that heterogeneous collection of ideas, known as Passim, at 1.30 — further time and date being unnecessary—we must be forgiven if our ideas are expressed in somewhat irregular terms, or reflect in their substance the spider-like and meaningless tracks which our pen makes across the page as we write with eyes half closed and nodding head. Of one thing there can be no doubt, and that is, that one-hundred-and-fifty young souls have pledged themselves at the turn of the year, before the statue of our pious founder, to drink a cup of kindness yet for auld lang syne; which they proceeded to do forthwith, at the expense of the dressers for the week. There are many ways of seeing the old year out and the new year in, but we doubt if any other method than our own could be devised which would impress more firmly on those present the sense of the public spirit of the hospital and the firm bond that unites all Guy's men under the common banner of their professional training, experience and responsibilities. To all, both individually and in common, we wish most enthusiastically a Happy New Year.

THE new President of the Residents, Mr. W. Tyson, acted most effectively as master of the ceremonies. A linked and complete circle was made round the quadrangle, and the verse of Auld Lang Syne was sung by a few of the Disguysed, the time being beaten by a flaming crutch, bound round with a bandage soaked in paraffin. After many repetitions and much exertion, the ring broke up and crowded round the statue, where cheers were raised in turn for Thomas Guy, for H.R.H. the President of the hospital, for "Auntie," and for various other persons; and sundry Residents had the pleasure of a ride round the quadrangle on other men's shoulders. The assembly dispersed at about half-past twelve.

AN account of Christmas Day in Clinical ward is given in another column, and may be taken as fairly typical of Christmas throughout the hospital. The wards looked more delightful than ever this year, the plentiful use of light ivy chains radiating out from some central point, instead of the heavy festoons that have generally been in vogue, gave a very pleasing and delicate effect, and two or three wards struck out a new line in illuminating only with fairy lights. Our reporter on the decorations was a fairly unprejudiced person when we despatched him on his mission, not yet having held any appointment in the wards. Whether he remained unprejudiced to the end we cannot say, but we can undertake no responsibility for his opinions and criticisms.

THE great feature of the niggers' troupe, some twenty-four in number, that patrolled the wards on Christmas Day, were the three Matabele warriors, arrayed chiefly in blacking and a tiger skin apiece, who shook their plumes and brandished their weapons with terrible effect. The sight of an usually respectable Resident sitting on his haunches on the ward floor in this garb, with his nose through a ring—we did not examine the exact mechanism—munching food from his hand, and making grunts of satisfaction at intervals, was very cheering. Mr. Lidderdale, too, as an elderly respectable old negro lady was most attractive, and Mr. Hills wore a very effective Pierrot dress. But all the costumes were weird and very pleasing.

MESSRS. Cazenove and Miller were indifatigable and very humorous at the corners, while Mr. Handley took Mr. Edwards' place in the centre. The songs were, with a few additions, the same as those given in the public performances of the Disguysed Minstrels, a full programme of which will appear in our next issue. Mr. Miller's rendering of "Sister Mary Jane's top-note" was a very successful addition to the ordinary repertoire of the troupe.

DIPHTHERIA is not the kindest of visitors, and it has deprived Guy's more than once of some most valued member of the nursing or medical staff. This Christmas it waited until the President of the Residents had attended all the innumerable meetings, and made all the innumerable arrangements incidental to the Presidency of the Residents shortly before Christmas-time; it then clutched him firmly, and drew him within the bed-sheets of John ward, where ministering Clinicals attended to him with the antitoxin syringe. Fortunately, Mr. Edwards' attack has been mild, and he is on the road to recovery; but an attack of diphtheria is not a genial accompaniment to Christmas, or to the final week of a house appointment.

THE heartiest thanks of all the students as well as patients are due to the untiring energies

and kindness of the sisters during the past week, who have succeeded most admirably in giving entertainments to a whole multitude of persons. No more fitting place also could be found than the present for expressing to the resident staff on behalf of the whole medical staff and school, our most hearty admiration for the unselfish way in which they have devoted their labours and efforts to the purposes of Christmas week, and our sense of gratitude for their free hospitality. The dressers for the week, the externs, and the clinicals also deserve a word of praise in the same connection.

BESIDES the ordinary ward-concerts, Christmas trees were held in Martha and Lydia wards on Saturday, December 26th, and a concert was given at the Hostel on the same evening.

WE regret that owing to pressure on our space, the lists of cases in the wards and other technical matter, except the extract of Mr. Tubby's excellent paper, have to be postponed. Accounts of a few concerts have arrived too late for insertion, and owing to a mishap the combined photographs of the new Residents has to be postponed until our next issue.

THE best thanks of all who have attended any ward concert during the past week are due to Messrs. Broadwood, Brinsmead, Stiles, Blüthner, Pleyel, Wolff, D'Almaine, Collard, Venables, Cramer, Chappell, Steinway, Rud. Ibach Söhn, and Erard for their kindly loan of pianos in the different wards.

SO COMMON is it to see cups and plates and the other paraphernalia of a ward-concert displayed in the wards in their proper place at Christmas time, that it seldom occurs to one to think whence these modest but necessary appliances have come. They are supplied, in fact, from the hospital store, and so busy has this department been during the Christmas season that it has lent out to the different wards no fewer than 3,972 different articles for their use; and yet on a special visit to the store under Mr. C. Toms' care on New Year's Eve we found shelf upon shelf of every imaginary article that one has ever seen in the wards, although none of the 3,972 had yet been returned.

As announced in our last issue, Mrs. Keogh has left the service of the hospital. On her last evening on duty in the surgery at the turn of the year, cheers were twice given for her in the front, her toast was drunk enthusiastically in the dressers' rooms, and the general feeling of deep regret at her departure was evident on every side. The first list of subscriptions to the fund, with which it is hoped to make her a presentation, is published on another page of the present issue. When the calls of Christmas are over Guy's men will, without a doubt, respond readily to this meritorious call upon their purses. Subscriptions may be sent to Mr. Carpmael, or to the editor of the GAZETTE.

THE usual boxing-day collections are being made on behalf of the college servants and the postmen, all of whom, as well as the hospital porters, deserve well of our liberality at this time of year. Officers of the Students' Club and other responsible persons are acting as collection boxes.

WE would remind our readers that with the year just commenced the subscription of twelve shillings and sixpence for GAZETTE and REPORTS falls due, and should be paid as soon as possible to Mr. S. H. Croucher at the Medical School Office.

GAZETTES for the past year may be left with the Librarian for binding in the usual covers at 1s. 6d. apiece. The index is issued only to those who ask for it.

AT about the same time we look forward to seeing a new and original hospital publication of a lighter and more irresponsible kind than our own, entitled the "Guyoscope." The editors of the new publication have been closely connected with the GAZETTE, and one is serving now on the GAZETTE Committee. In fact the idea of the new publication was originally offered to the GAZETTE; and it was only when we did not see our way, largely owing to financial reasons, to accepting the offer, that the editors of the new paper decided to start it independently of the GAZETTE.

COPIES of the Students' Calendar will be available in the office of the Medical School, it is hoped, in a week's time.

WE are glad to note the success of Guy's candidates for the M.D. degree of London University, in which Guy's has been more successful than in any examination during the

past year. The gold medal was on this occasion awarded to Mr. Alfred Salter, while three others passed, including Mr. Handley, who had read for the examination in the intervals of his duties as House-Surgeon.

ON the new residents' appointment list two names only figure for the first time, those, namely, of Messrs. Ferraby and Ormond, who are appointed Charity. Mr. Edwards, late President of the Residents, is to be Resident Obstetrician in February and March; while the new assistant house-physicians and surgeons have already served in the Charity during the past year.

WITH the close of another year we wish to give our most cordial thanks to all who, in small or great, have assisted us in the fortnightly issue of this momentous magazine. Seeing that we depend on an official staff of two persons only, and otherwise entirely on voluntary contributors, who must be gently dealt with, we feel that we owe a very great debt of gratitude to the said gently-dealt-with persons, by whose help it is that we are able to make the GAZETTE fairly representative of the different interests at Guy's. To Mr. Fred Ash, Mr. Fenn, Mr. Hardcastle and all other members of the very worthy firm of Messrs. Ash & Co., we offer our cordial thanks for their unremitting energy, attention and good work, often under very trying circumstances. To the spirits of the various offices in Guy's we offer many apologies and thanks, and to the world of Guy's we make our bow, feeling confident that our failings in the past have been forgiven and forgotten as due to inadvertence and not to malice propense.

Papers Contributed to the Medical Journals by Guy's Men.

Clinical Lecture. By Dr. Hale White, on Carcinoma of the Spleen (*Lancet*, 26th December).

The Associated Study of Crime and Insanity. By Dr. Edwin Goodall, Medical Superintendent, Joint Counties' Asylum, Carmarthen (*Lancet*, 26th December).

Note on the Diagnostic Value of the Serum of Typhoid Patients. By Herbert E. Durham, M.B., F.R.C.S. (*Lancet*, 19th December).

Some Points on Sacro-Iliac Disease. By F. B. Judge Baldwin, M.R.C.S. (*British Medical Journal*, 19th December).

Sport.

Association Football.

GUY'S 2ND XI. v. KENLEY (reserves).

Played on the 19th, at Kenley, and resulted in a drawn game, each side scoring three goals. The game was exciting, although the ground was a little hard and somewhat slippery.

Kenley started the sphere a little after three o'clock. Guy's getting to work at once pressed hard, and called on their custodian to save twice, but owing to their good defence the ball was taken up mid-field, where it remained awhile, when a smart run up the right and a pass enabled Ash to notch our first point. This put Kenley on their metal, and they eventually equalised just before half-time. Within a few minutes after play had been resumed, Ash scored with a long shot. Mid-field play ensued till Kenley, gradually working up, scored at close quarters. Soon after the kick-off Miller, after a fine run, centered, and Ash put it through. It was getting very dark when Kenley scored their third goal. The game was stopped soon afterwards.

Chandler and Longhurst played well, and the forwards combined more together. We played a substitute. Team:—

GUY'S.—P. H. Ward (goal); V. Smith, A. E. Longhurst (backs); Chandler, D. G. Greenfield, Tipping (half-backs); Substitute, A. A. Miller, J. Ash, P. Hughes, P. Camps (forwards).

The Association team started the season at a disadvantage having but five of last year's team left playing, and of these one has since been (temporarily, we hope) incapacitated. So that, on the face of it, we would not expect any wonderful result card, and rather should we be surprised if the balance were not on the wrong side. A glance at the list below will show, however, that this is not the case. The team, notwithstanding the presence of seven new men, has performed most creditably, and when settled down after the holidays, should "come on" rapidly and prove as good as most of its predecessors. Considering the fact that three of the five defeats have been sustained at the hands of Weybridge, Chatham and Eastbourne, there is good reason to think that the results are even better than they appear on paper. We are convinced that this season we have a better chance for both cups than we have had for some years past. Do let us buck up, train hard, and take advantage of an opportunity that may not recur for many years to come.

RESULTS.

			For.	Against.
Oct. 3.	Beckenham	Won	2	1
„ 10.	Surbiton Hill	Lost	1	2
„ 17.	Weybridge	Lost	1	5
„ 24.	Croydon Park	Drawn	2	2
„ 31.	Ewell	Won	1	0
Nov. 4.	Cheshunt	Lost	1	3
„ 7.	Eastbourne	Lost	1	3
„ 11.	Chatham	Lost	0	9

Nov. 14.	Bexley	Won	... 7	...	0
„ 18.	Vampires... ...	Won	... 1	...	0
„ 21.	Kenley	Unfinished	0	...	1
„ 28.	Old Forresters ...	Won	... 6	...	0
Dec. 5.	Croydon Park ...	Won	... 3	...	2
„ 12.	Old Harrovians ...	Won	... 3	...	0
			29		28

Rugby Football.

The first half of the Rugby season finished with the sound of the whistle after the Coventry match on December 12th. Another match was to have been played v. the London Scottish on December 19th, but owing to frost this had to be abandoned. So far Guy's 1st XV. has been fairly successful, and would doubtless have been more so had not our usual bad luck clung to us. This season, however, was destined to be no more fortunate in respect to casualties than previous ones, and possibly even worse. During October it was the forwards who had to succumb to the fortunes of war, and at one time we were playing five substitutes; later it became the turn of the backs, Clarke slipping a cartilage in his knee-joint in the match against Wickham Park, and Alexander, two weeks later, damaging his shoulder, so that we have seldom been able to put our full strength in the field.

The team, if whole, is a good one. Ransford, as full back, has played very well indeed. He is somewhat slow, but in every other respect excellent. The three-quarters have shown very fair scoring ability, but the passing wants to be more accurate. The half-backs are a vast improvement on last year. Wetherell in particular has been playing very well. Walker is good, but has not yet quite learnt his position. The forwards are very versatile. Their best performance was against the Old Merchant Taylors, and our victory on that occasion was in great measure due to their efforts.

We all regret the loss of C. R. Nicholson, who has unfortunately been obliged to give up the game. He was playing a grand game for us at the beginning of the year, and his loss came as a great blow.

RESULTS SO FAR.

Oct. 17th. v. Lennox—won; 3 goals to nil.
„ 21st. v. Cambridge—lost; 1 try to 5 goals (1 dropped) and 1 try.
„ 24th. v. Old Leysians—won; 2 goals and a try to nil.
„ 28th. v. Croydon—drawn; no score.
Nov. 7th. v. Rosslyn Park—lost; 1 dropped goal to 2 tries.
„ 18th. v. East Sheen—drawn; no score.
„ 21st. v. Wickham Park—won; 1 goal and 1 try to nil.
„ 28th. v. Lennox—lost; nil to 1 goal and 2 tries.
Dec. 5th. v. Old Merchant Taylors—won; 2 goals (1 penalty) to 1 try.
„ 12th. v. Coventry—lost; 2 tries to 1 goal and 1 try.

All three matches combined with St. Thomas's were lost.

Oct. 10th. v. Blackheath—nil to 2 goals.
„ 31st. v. Cardiff—nil to 4 tries.
Nov. 2nd. v. Penarth—2 tries to 1 goal and 2 tries.

Keogh Presentation Fund.

FIRST LIST.

	£	s.	d.
A. G. B., 22, Park Place, Leeds	1	1	0
C. H. G. B., Cavendish Square	1	1	0
L. A. D., Guy's Hospital	1	1	0
P. H., St. Thomas's Street	1	1	0
R. C. L., 50, Wimpole Street	1	1	0
E. H. S., 107, Clifton Hill, N.W.	1	1	0
J. F. G., 25, Portland Place	1	1	0
J. H. B., St. Thomas's Street	1	1	0
F. F. B., 46, Weymouth Street	1	1	0
W. B., Caterham Valley	1	1	0
R. D. M., St. George's Terrace, Bolton ...	1	1	0
C. S. P., 24, Finch Rd., Douglas, Isle of Man	1	1	0
J. W. W., 15, Trinity Square	1	1	0
W. H. A. J., 66, Great Cumberland Place ...	1	1	0
R. S. W., 39, Lee Terrace, Blackheath ...	1	1	0
F. D. J. B., Cavott House, Rotherham ...	1	1	0
J. C. U., 9, Brunswick Place, Hove	1	1	0
R. A. A., Guy's Hospital	1	0	0
E. T. H. H., Ware	1	0	0
L. E. S., St. Thomas's Street	1	0	0
C. E. C., Guy's Hospital	0	10	6
A. H. G., Oldham	0	10	6
J. E. C., St. George's Infirmary, Fulham Road	0	10	6
H. C., Surbiton Hill	0	10	6
P. W., Woodford Green	0	10	6
A. E. T., Bradbourne House, Acton	0	10	6
J. W. S., Woolwich	0	10	6
W. H., Stoke-on-Trent	0	10	6
R. H., Guy's Hospital	0	10	6
E. C. B., Upper Berkeley Street, Portman Sq.	0	10	6
M. P. J., Alfreton, Derbyshire	0	10	6
C. H., 38, Brook Street	0	10	0
L. E. W. S., Emsworth, Hants	0	10	0
T. R. S., Brighton	0	10	0
R. A. M., 40, Sheep Street, Northampton ...	0	10	0
E. H., Tulse Hill	0	10	0
H. L., Guy's Hospital	0	10	0
E. P., The Hermitage, Marlborough... ...	0	10	0
C. K. S., 19, Upper Wimpole Street, W. ...	0	10	0
V. P., Streatham	0	10	0
K. B., Guy's Hospital	0	5	0
V. E C., Guy's Hospital	0	5	0
M. A. K., Waterloo Bridge Road	0	5	0
R. C. K., Chelmsford	0	5	0
J. P. P., Knowle House, Ormskirk	0	5	0
F. B., Brighton Road House, Croydon ...	0	5	0
H. L., Sandywood, Pendleton	0	5	0
F. M. T., North-Western Fever Hospital ...	0	5	0
A. M. D., Kingston	0	5	0
A. S. T., Lulworth House, Surbiton Hill ...	0	5	0
S. W. M., Banbury, Oxon.	0	5	0
C. D. M., Bournemouth	0	5	0
E. L. A., Tunbridge Wells	0	5	0
A. W. S., Cardiff	0	5	0
W. C. C. P., Guy's Hospital	0	5	0
A. H. S., Guy's Hospital	0	5	0
F. J. C., Wakefield	0	2	6
D. S. L., Micklegate, York	0	2	6
W. C., Eastney, Portsmouth	0	2	6
W. E. R., Brenchley, Kent	0	2	6
S. G. F., Emsworth, Hants	0	2	6
W. S., Bath	0	1	0

Christmas Day in Clinical.

(FROM A NURSING CORRESPONDENT).

"We'll keep our Christmas merry still."—SCOTT.

THE old adage of nursery days—

"To spend, or to lend, or to give in,
'Tis a very good world that we live in,"

is surely never better exemplified anywhere than in a hospital at Christmas time, and Guy's Hospital on December 25th was no exception to the general rule.

Despite the fact of Christmas Day falling upon the proverbially unlucky Friday, Guy's has hardly ever known a more successful day than December 25th of this year. In every ward, the proceedings passed off well, scarcely a hitch occurring anywhere in the vast machinery; and all those who had spent time and money, and lent their best aid to give pleasure to the hundreds of strangers within our gates, proved indeed that they had not spent their strength for naught, but that the little world of Guy's was a very good place to live in after all—especially at Christmas time.

To come more to particulars of what really took place all over the hospital, with only some slight differences of method, let us review Christmas Day as spent in the Clinical wards, which may serve as a type of the whole; inasmuch as everyone whose work and interest centred there for the time being, all agreed unanimously that it was the "very nicest Christmas they had spent at Guy's."

Ever since the day when the "wires" went up which were to serve as support for the lanterns of every conceivable size and shape, there had been an undercurrent of suppressed excitement throughout John and Miriam, shared by everyone alike, which grew and grew as the interest deepened in the decorations, until the babies forgot to cry in their round-eyed watching of the wonders around them, and the small boys gazed with a sort of fearful glee at the perilous ascent of coal lockers and chimney-pieces, being kept on tenter-hooks of excitement in case one of those adventurous Clinicals should slip or fall. Steadily all the week the work went on. Huge bundles of evergreens and holly kept arriving and being deposited here, there, and everywhere, until the usually tidy wards were sights to behold.

Chinese and Japanese lanterns were literally "all over the place." Wreaths of evergreen in process of being made, laid carelessly on beds or tables, or wherever they could find a lodging place. Immense lengths of wire stretched everywhere, forming excellent traps for unwary feet. "Fairy lamps" were found in the pigeon-holes among the patients' clothes, while as for the sister's sitting-room, usually so orderly and comfortable, it was simply transformed, *pro tem.*, into something between a stall at a fancy bazaar and the Civil Service Stores.

But at length all the arrangements were completed, and on Christmas Eve, if there was not "a sound of revelry by night," at least there was a sound of steady work going on until the small hours of the morning, as the energetic Clinicals worked on for dear life to finish the decorations, and to make the wards look as they ought to do. Tired, but flushed with the success of finishing, however, even they at last disappeared, and then it was time for Santa Claus, in the persons of the night nurses, to visit each bed and deposit the Christmas letters and presents by the patients. What did they have? What did they *not* have, you mean? You should have come and taken a peep into the small boys' lockers, and seen whether by the evening of Boxing Day there was room to put in another single thing! Oh, the excitement, as one by one they awoke to find the welcome gifts by their side! Why, it was worth while being a nurse, to see it!

Eight o'clock on Christmas morning brought the day nurses, and at once the "Hall" was the scene of wild excitement. Cards, good wishes and gifts were exchanged all round, not excluding the ward-maids, who rejoiced in the ward kitchen over their share of the spoils. Then everyone dispersed, and the necessary "washings," etc., were all executed, like the orders of a largely-advertising firm, "with the utmost despatch."

Lunch time brought only mugs of milk and beef-tea, without their usual accompaniment of bread and butter, but not a patient grumbled at this, all having a presentiment of something good coming at dinner time.

Even "Theodora," the ward cat, seemed to have this feeling borne in upon her rather strongly, too, for she paced about restlessly, resplendent in a collar of yellow art muslin until it was time for dinner, when she was made supremely happy by a piece of fish cooked specially for her benefit.

Dinner was a great success, not a dissatisfied word being heard, nor a scowling look seen on any patient's face as the plates went round. The most cantankerous—for that there *are* cantankerous patients sometimes, even in Clinical, cannot be denied—was well pleased, and did ample justice to the very excellent fare provided.

"Gabriel's" face was a study as he watched the plates carried down the ward, and wondered if he, too, would have beef and pudding. "Gabriel" has been in John for many weeks with typhoid, and so utterly and hopelessly naughty was this small boy of seven when first admitted as to be almost entirely unmanageable, and to earn for himself the diagnosis on his bed-letter of "Enterica Diabolica"! A big plate of sponge-cake pudding wreathed his face with smiles, and occupied him busily for a long time; while "Alfie," in the next bed, revelling in his beef and pudding, was well content that he had decided to "chance his luck and stay in till after Christmas," as he had been heard to remark a week or two ago in rather a condescending tone.

Rapidly the "hall" was cleared after serving the patients' dinner, to prepare it for that of the Clinicals and Nursing Staff, who, on Christmas day dine together, no meals being provided in the dining-hall.

Pending this, the lanterns were all lighted so as to burn clearly and brightly by the time the niggers were

expected at three. The piano arrived and was installed in its place. Beds were made, and those patients able to get up were dressed in their most festive garb.

Dinner was rather a hurried meal, two of the niggers, who in full festal array were dining in Clinical, being telephoned for, ere they could finish the pudding on their plates, to join the famous troupe who were already beginning their rounds. Their departure was the signal for more work, all hands being called into requisition to clear away, cut bread and butter, lay the table for tea and get dessert ready for the patients.

And now re-appeared the night nurses, tired, but eager not to be out of any of the fun-going, and assuring everyone that they had been to bed, and to sleep, too.

Chairs for the niggers were arranged by willing hands in both wards, and hardly were the preliminaries finished when a whoop and a shout, a trampling of many feet, shaking of tambourines and what not, and "Guy's Disguysed" were upon us with a rush, followed by crowds of people, who perched airily upon mantel-pieces, lockers, and beds, and in fact seized every possible point of vantage.

It is hardly necessary to say how much the patients enjoyed this part of the day, both in John and Miriam, the small fry especially gazing with fascinated eyes upon the unusual appearance of their familiar "doctors."

From this time, until the lights were lowered, and the last Chinese lantern had finally burned itself out, a constant succession of visitors streamed through the wards on a tour of inspection, a special privilege of the nurses on Christmas day.

By six o'clock, the culminating point of interest was reached, when "Snap-dragon" was announced to be ready in the "Hall."

Thither instantly flocked sister and nurses, clinicals and convalescent children, even "Gabriel," enveloped in a new crimson dressing-gown, being well to the front in his nurse's arms. Down went the light, and the big dish of raisins in the middle of the table became suddenly illuminated, as a match was applied to the spirit that had been poured over it.

Eager, trembling little hands that grew bolder as they found they did not get burnt by snatching at the flaming raisins, but stretched out to the big dish, and prolonged "oh's" of delight followed the successful finding of sundry sixpences and threepenny pieces among the raisins. Presently someone threw a handful of salt over the dish, with the remark, "Now look at one another's faces!" and the ghastly effect produced on the complexions by the combination of salt and spirit made everyone glad to turn up the light again and return to normal tints. Thoroughly tired out by the pleasures of the day, the children were then returned to their beds, and the wards became quiet; varied only now and again by a short half-frightened, half-delighted cry of, "Nurse, there's a lantern a-catchin' fire!" but thanks to a timely pail of water concealed behind a screen no harm was done, and only two or three lanterns came to grief out of the hundred or two that were lighted.

About nine o'clock came the final laying of the cloth for supper in the "Hall," where the entire nursing staff of the Clinical wards revived their flagging energies with turkey and plum pudding, which, judging from the appearance of the bird when they had finished with it, they enjoyed immensely.

Nor was "No. 16" in John forgotten, for, in spite of the *Daily Mail's* somewhat pathetic announcement of the "Senior House-Physician's serious illness," or words to that effect, that particular corner of the ward seemed very lively all day, constant relays of visitors finding their way there, and even some Christmas fare from the supper-table being entirely relished by the very cheerful invalid.

Many hands made light work of clearing all away and tidying up for the very last time that day. The fires burned clear and bright, and, mingling with the faint light from the glimmering lanterns, gave a weird and "Arabian Night"-like appearance to the now quiet wards.

The night nurses came on duty, and everyone said "Good night" and retired to sleep the sleep of the just it is to be hoped, after this very fatiguing but exceedingly happy Christmas day in the Clinical wards. E. M. F.

Seeing the Sights!

A DECOROUS DIVERSION (FROM A CORRESPONDENT).

IT is agreed by all persons connected with Guy's, both responsible and irresponsible, that the standard of embellishment which graces our wards this season far surpasses anything yet heard of. That this must be so is evident from the fact that, whereas our representative visited all the wards, in each one was found some great chief or medicine-man, hight technically a ward clerk, who invited the aforesaid representative either to dine or to discuss the pharmaceutical properties of alcohol or nicotine, insisting with great vigour at the same time that his ward only was at all worthy of description. Consequently, the only thing to be said is that each and every ward shows in its decorations far and away the most originality, taste and artistic feeling in that division of the floor on which it is located.

In the medical wards, speaking generally, there is more uniformity of design than in the older building. The great feature of the Eye wards is the overmantel in the entrance hall, which did duty for a dining-room on the good old twenty-fifth. It is a tasteful arrangement of the colours draped round the arms of the institution. The holly and lantern effects are excellent, though it must be rather unnerving to a visitor on entering to be confronted by a glowing fish suspended from the ceiling. One wonders whether one has "got 'em again."

In PHILIP the wanderer finds beautiful overhead avenues of green wreaths, festoons radiating from points in the centre. The mantelpieces, draped in harmonious shades of art muslin, have a pleasing appearance.

The *coup d'œil* in MARY carried our man back to the days when Lewis Carroll's books were his chief delight, and he realised what Alice thought of the garden in Looking-glass Sand. In Dr. Pye-Smith's division Mr. Stanley Cock has eclipsed Joshua by bringing down the firmament and draping it over the fireplace; he is also responsible for a most effective arrangement over the mantelpiece in Dr. Taylor's division. The draped mantel in Dr. Hale White's division had been spoiled by the fire-fiend below, the predominant hue being carbonaceous. It is satisfactory to note that in Dr. Goodhart's section of the ward all strife has been ended by a beautiful arrangement of green boughs on an orange ground.

In STEPHEN the fireplaces are a feature; they are hung with heliotrope and green, and are very prettily garnished with trailing ivy, especially on the mantel-board itself, where the green stuff lies over masses of cotton wool, popularly supposed to represent snow. The radiating ivy-chains overhead were a very pretty light decoration.

On the third floor our deputation was met by Sister Bright, who exhibited her delightful "drawing-room lounge," and informed him, with charming frankness, that the decorations had taken an hour and a half to put up, and had cost a small fortune, namely, two shillings and ninepence sterling. She said that the Minstrels were all-sufficient as a living decoration for BRIGHT, and after seeing her Christmas presents, our representative tore himself away, loath to depart from the ward where patients are made as happy as in their own homes.

Girding up his loins and preparing for the fray, the man with the pen next made all speed for the surgical wards, entering first into ACCIDENT, where upwards of three hundred and fifty lanterns are æsthetically displayed. The wreathing of the windows is very effective, while the tasteful arrangement of flags and the radiating festoons of fairy lamps in the corner makes Accident as pretty as a Christmas card.

CORNELIUS looks like a conservatory, the wreathing being for the most part of ivy. Nothing that could be entwined with greenery has been left unadorned; the window frames and ledges and the glazed texts above the beds have all got their share. The Cornelian artists have abandoned Chinese lanterns this year, but their geometrical efforts in the fairy lamp line more than made up for the lack of the paper lights. One arrangement of lights is the pride of the ward, and is described variously as a bird-cage, rat trap or spider's web, which you will.

In LYDIA the chief thing to be admired is the dome of thirty-two Chinese lanterns in the corner, beneath which the Christmas tree stands. The wreathing is disposed to excellent advantage, more especially in the back ward, where also may be seen something original in the way of overmantels.

The ornamentation of MARTHA is very tasteful; arches of green span the ward, wound with a spiral of primrose-coloured ribbon. In a prominent position hangs a mighty fetish, having the hospital arms on one side and the mystic letters "G. B." on the other. The ward also shows many excellent specimens of Mr. Peile's artistic hand, and its crowning glory is the great Christmas tree with its attendant toy-shop.

JOB ward is made especially inviting by the able manner in which the entrance has been adorned with the names of the present surgeons visiting Job. The same idea is carried out inside, the walls bearing strips of art muslin on which are delineated in leaves the names of some of the surgeons of the past who have been connected with the ward, the work of energetic Sister Job, seconded by the Leucocyte firm. It is interesting to note, with the names of Astley-Cooper, Aston Key and others, that of Dr. Addison, who used to visit the ward in the days when it contained both medical and surgical cases. A pretty effect is obtained within the ward by a double arch of ivy and fairy lamps shaped like Cupid's bow.

LAZARUS also bears abundant marks of Mr. Peile's paint-brush. Amongst novelties are a more or less up-to-date bicycle, designed and built for the nurses' cycling club, and a prehistoric armory in the back ward. The chief overmantel is very elegant, consisting of foliage, a Guy's shield, and the initials of the visiting surgeons.

NAAMAN is well set-off by some beautiful fine wreathing and by the very effective method of festooning the spaces between the beds, which may be seen in two or three wards this year.

LUKE displays another mighty sea-monster in the shape of a lantern situated near the door to scare visitors. The flag mantelpiece is very pretty, but Sister Luke explained that her patients prefer decorations of the interior to those of the environment.

The firms working in DORCAS have executed a new idea in the form of a leafy avenue leading down the ward between the beds. The banks on the mantel-boards are exquisite.

In CHARITY is a touching picture of a (Listerian) steam engine, with the motto "In hoc mea spray —— Spes" rather. The lanterns are arranged obliquely, and the entrance is prettily fringed with laurel and evergreens.

The decorations of PATIENCE and SAMARITAN are delectable in the extreme; the wreathing is light and elegant, and the fairy lamps are disposed to advantage. Sister Patience's tea-table on Christmas Day was simply lovely, a dream of violet and green.

CLINICAL has pretty ivy spirals round the pillars, and the chimneys are done excellently in the Guy's colours, while the lanterns are hung with great taste. The fringing of the doorways is, in the ancient Greek idiom, a bit of all-right.

Our man, with a regulation Academy headache, finally straggled down to the surgery for a pick-me-up, to find that establishment nicely decorated and graced by a fine take-in card with a clever painting by Miss Bridger of the children's idol, Santa Claus.

D. J.

Concerts in the Wards.

(BY OUR OWN SPECIAL CORRESPONDENTS).

"CORNEY" CONCERT.

THIS took place after the conclusion of the Accident concert on Monday, December 28th. The ward, lighted solely by fairy lights, was a pleasing contrast to the ones in which the Chinese lantern reigns supreme, and with everything done by Sister and the rest of the staff of the ward for the comfort of visitors and patients, the whole concert was voted an unqualified success. As regards the items on the programme, where all excelled, it would——but the editor informs us that he, with the rest of the GAZETTE, being thoroughly up-to-date, cannot allow the insertion of such an antediluvian sentence, so we must leave it unwritten, only adding that the artistes can rest assured that their efforts were appreciated to the full by all present. Programme :—

PART I.—Piano Solo, "Humoreski" (*Macbeth*), Miss Nellie Dudgeon; Song, "Dreams" (*Strelezki*), Miss Dudgeon; Violin Solo, "Elegy" (*Ernst*), Mr. and Mrs. Baker; Song, "The Maid of the Mill" (*Adams*), Mr. Fred Wishaw; Song, "The Young Friar," Mr. J. Atkins; Song, "Muddle Puddle Porter," Mr. H. B. Perry; Song, "Christmas Carol," Miss Emerson Carter; Recitation, "In the Pit," Miss Shuldham.

PART II.—Violin Solo, "Berceuse" (*Allard*), Mr. and Mrs. Baker; Songs, "When I was a boy at School" and "Jack's the boy," Mr. R. T. Fitz-Hugh; Recitation, "Geese," Miss Shuldham; Song, "The Lost Chord" (*Sullivan*), Mr. Fred Wishaw; Song, "The Vegetarian," Mr. J. Atkins; Songs, "Life's Lullaby" and "Two Minuettes," Miss Emerson Carter; Song, "Love in April" (*Fred Wishaw*), Miss Dudgeon; Song, "Killaloe," Mr. H. B. Perry. "God save the Queen."

CHARITY WARD was looking very bright and festive on Monday afternoon, December 28th, as was befitting the occasion. When the youthful guests from other wards began to appear soon after half-past three, it was just dark enough for the extremely effective illuminations, by means of countless Chinese lanterns, to show to full advantage. The inner child was first cared for, and all were soon very busy discussing the sumptuous tea which Sister Charity had prepared. Crackers then claimed the attention of everybody, and, when these had been disposed of, "Musical Chairs" became the order of the day, several of those unable to walk being carried, and thus enabled to take their share in the game which provided fun in plenty both to players and spectators. "Blindman's Buff" and other games followed, and violin solos were kindly given by a lady who had come as a visitor, and by Mr. Shenton. Altogether, the tea party was a great success, and Sister Charity and all who helped must have felt amply repaid for their trouble by the hearty enjoyment evinced by all the children present.

An excellent Concert was given in DORCAS WARD on the 28th of December. The effect of the light and graceful decorations, as seen by the aid of nicely arranged and not too numerous lanterns, was eminently pleasing to the eye. The music, both vocal and instrumental, was greatly appreciated by the audience, and the best thanks of all are due to those who so kindly came and gave their help. Where all afforded so much pleasure it is difficult to single out any for especial praise; but there was no mistaking the effect produced when Mr. Lennox Jones, with his comic songs, made the feelings of the audience burst through all restraint. The programme was as follows :—

PART I.—Overture, Miss Weakes; Song and Flute, Miss and Mr. E. Alger; Song, Rev. W. E. Morrow; Song, Miss Best; Song, Mr. Parrott; Song, Miss Levick; Comic Song, Mr. Lennox Jones; Violin Solo, Miss Goldie; Song, Mr. Hicks; Sketch, Mr. Cazenove.

PART II.—Violin Solo, Miss Goldie; Song, Rev. W. E. Morrow; Song, Miss Levick; Song, Miss De Jersey; Song, Miss Best; Song and Flute, Miss and Mr. E. Alger; Comic Song, Mr. Parrott; Song, Mr. Anderson; Comic Song, Mr. Lennox Jones.

Our concert in LAZARUS WARD was acknowledged by all present to be a most brilliant success, and the whole performance from beginning to end was carried through with that dash and spirit which has been characteristic of the hospital concerts this year. The talent of the performers was, without doubt, first-class, and praise alone is not a sufficient valuation for their services. The most noticeable element of the whole entertainment was the variety of the programme, and throughout the whole performance, which lasted for over three hours, not a sign of weariness showed itself on the countenances of the audience. Miss Florence Keen and Miss Constance Dodson opened the entertainment with a pretty duet from "Pinafore." Of vocalists there were many of both sexes. Among the ladies, Miss Lilian Carty and Miss Maud Knox were most prominent, and among the gentlemen, Mr. J. Atkins, Mr. J. E. Collins and Mr. R. T. Fitz-Hugh, the latter receiving several encores, his chief songs being "When I was a boy at school" and "Jack's the boy."

Mr. Adrien Clifford was the cause of much merriment with his recitation about a certain "stammering" gentleman, and as an encore gave us an exceedingly clever lecture upon "how it's done." Other reciters were Mr. Frank Goldsmith with his "Kissing Cup," and Mr. Vaughan with his "Workhouse Tale." None the less entertaining was Mr. Hubert Hammond's musical sketch concerning "Mr. and Mrs. Alphonso-de-Brown's evening at home"; his comic songs were also much appreciated. Mr. Arthur Miller as usual was all there, but could only be induced to give us three very amusing anecdotes. Of string instrumentalists, Miss Violet Hoare's admirable rendering of "Saltarelle" (Papini) on the violin, and Miss Ella Fox's "Carnival Polka" on the mandoline both received encores. Last, but not least, Mr. Stanley Cock and his "Lightning Sketches" were received with loud applause.

Great praise and credit is due to Mr. V. E. Collins for the energetic and enthusiastic manner in which he had organized the whole proceedings.

The ACCIDENT concert was given on December 28th, under the direction of Mr. H. J. Starling, who is to be congratulated on a most excellent programme.

Miss Eason started the proceedings with a Berceuse by Tchaikowsky, and "Scène de Bal," by Schütt. Mrs. Cunliffe Owen sang "A Summer Night," by Goring Thomas, followed by Parrott, who sang "Bid me to love" exceedingly well, although obviously nervous. His voice is full and rich and his style is good, and we hope to hear more of him. Mr. A. Miller recited, and then Miss Millstead sang "The Swallows" (Cowen), with very great success.

Mr. Soper, a new violinist among the students, played "The Shepherd's Dance," by Edward German, and well deserved a very hearty reception, as he is by far the best soloist among the present hospital violin players.

Mr. Morrah was the best singer at the concert, and was heard to best advantage in "Jack's the boy for me." Mr. Harry Tipper played a selection on the hand-bells, including the Intermezzo from Cavalleria Rusticana, and "The Lost Chord," and the performance was a great novelty and exceedingly well done and highly appreciated. Mr. W. R. Cazenove recited a pathetic fragment "The Mother and the child," and in response to great applause sang a love song entitled "Rhoda Rode a Roadster," which appealed to every heart. Miss Swan sang Frederick Cowen's "Tears," and was followed by Mr. Harrison, whose splendid recitation was the most humorous and best item on the programme. Unfortunately at this point other duties called us away, and the rest of the programme must be left without notice, but we should like most heartily to thank everyone who so kindly helped in making the Accident concert the usual great success.

The greater burden of the concert in LYDIA fell on the shoulders of Mr. W. H. M. Smith, who was well rewarded for his energy by the success of the concert.

Cazenove played as opening item "Pierrette," by Chaminade, and was followed by Miss Swan, who sang "Oh honey, my honey" and was greatly appreciated, but the men did not help her sufficiently in the chorus. Miss N. C. Jones sang "The Dear Homeland," by Clifton Bingham, most excellently, and was followed by H. T. Starling, who was in very good form. Mr. T. H. Landon then sang a nautical song in a very robust manner. A. A. Miller was very happy in his choice of a song "Guessing at the Ball," which was a tremendous success, and, as an encore, he told some stories which had the great attraction of being new. Peile and Fitz-Hugh played a selection from "The Geisha." Peile's playing was excellent, and Fitz-Hugh's accompaniment left nothing to be desired.

Dr. O'Hagan sang "In Cellar Cool" and the first part of the programme ended with a recitation by Miss F. Smith "How Uncle Podgers hangs up a picture." In the second part we only had time to hear Miss Mitchell and Mr. Spencer play a banjo duet which was vociferously encored, in response to which Mr. Spencer played "Home, sweet Home" and variations with alarming technique.

Mr. Starling sang "Lousiana Lou," and then other duties prevented the end of the concert receiving the attention we should like to have given such an excellent programme.

The concert in PHILIP WARD on New Year's Eve was as great a success as ever. Since Dr. Bryant was House-Physician in 1891 the Philip concerts have been undertaken by him with increasing success; and to his untiring energy and tact is due the credit of an entertainment which gives immense pleasure to the patients, not to mention the other members of Guy's. We were glad to notice the great pains that had been taken to give the patients the best places possible for enjoying the excellent entertainment provided for them. The western division, which served as the theatre, was bordered by a long line of beds turned towards the platform that had been raised at the end of the ward; and the front twelve rows had been reserved for convalescent patients, who had, of course, congregated from all parts of the hospital. A very clever programme had been sketched for the occasion by Ralph Cleaver, which we are, by the courtesy of many persons, enabled to reproduce in to-day's issue, with a corrected list of performers present. Some sixteen items were given, but we refuse to attempt any criticism, when each gave us so much pleasure. The concert ended with "Auld Lang Syne," sung by Mr. le Hay, with chorus, "God save the Queen," and three cheers for the performers, topped by three cheers for Mr. Charles Ryley, who had kindly managed the concert.

The concert in SAMARITAN stands out among the concerts of this year as one of the best, far away above the average for both cheerfulness and excellence of programme. "Render unto Fagge, etc. . . . ."

Cazenove and Lidderdale started with a piano duet, "Spanish Dances, No. 5," Moskowski, and then H. T. Hicks sang "A Song of Sleep" better than we have ever heard him sing before, and a word of praise must be given to Cazenove's excellent accompaniment. F. E. Fremantle played a Preislied by one Wagner, but the tune was strangely reminiscent, we may say even plagiarized from "Brown of ——," but, no! let it pass. Mr. Lulham then gave a short musical sketch, "At the Pantomime," and was at his very best. Mr. Lewis sang "The Diver" excellently, but, methink, he might be more sympathetic in his selection of his songs.

Miss Randell sang "The Monkey on a Stick," followed by a song by Mr. Jackson, and Soper then played a violin solo, a "Cavatina," by Carl Bohm, followed by Parrott, who sang "The Quaker" with most refreshing quiet humour. F. E. Collins sang "The Frenchman," and cannot be too highly praised, both singing and action

being excellent; and A. A. Miller gave "Some do it this Way" in his very best form, and this is no mean praise. Miss Cock and Miss Bray gave a banjo duet; and the first part of the programme ended with "To-morrow will be Friday," sung beautifully by Mr. C. A. Lidgey, whose accompaniment to his song was, however, if possible, better than the song.

In the second part of the programme Lewis sang "There is a land," by Francis Allitsen, and Miss Hyslop sang "The Four 'Oss Sharrybang," and, as a well deserved encore, "Where are you going, my pretty Maid." There are few ladies who can sing comic songs, but if they all sang as daintily as Miss Hyslop, we should wish the fashion were more general. Space forbids further mention, but the whole concert went off as few concerts go, and, as we said above, was one of the best of the week.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

The "Disguysed" in the Court Room.

DEAR SIR,—I wonder what our forefathers would have said in the old days before us, could they have peeped into the Court room on Tuesday evening last, and beheld the much be-capped, crowded and appreciative audience gathered there to enjoy the entertainment provided by the famous minstrels of Guy's. Would they have been scandalized by the idea of merry-making in a hospital, or would they have agreed, as we did who were present, that the whole thing was an immense success?

Anyway, we know that human nature is the same inside a hospital as it is outside, and human nature loves fun. It peeps out sometimes, even in the wards, especially at Christmas-time, and certainly was rampant on Tuesday evening, the second part of the programme even more than the first bringing down the house, so genuine was the fun, and so excellent was the acting.

The entertainment was varied enough to suit all tastes, and from beginning to end nothing was dull or slack, and the fun waxed fast and furious.

The extremely popular song of "Rhoda rode a roadster," the sweet voice of the boy soloist, the clever sketches of Mr. Stanley Cock, to say nothing of "Hamlet," will be certain to live in our memory for some time to come, even though we have not that piece of "Rosemary—that's for remembrance," and "Mustard and Cress—that's for tea!"

In any case, we will accord a very hearty vote of thanks to the Niggers for their most successful efforts to amuse us, and wish them as much success in their future entertainments as they have had in the past.—I am, sir, truly yours,

ONE OF THE CROWD.

Appointments.

HOUSE APPOINTMENTS.

THE following appointments have been made by the House Committee:—

House Physicians.—Messrs. T. L. Jackson (Dr. Taylor); L. C. Panting (Dr. Goodhart).

Assistant House Physicians.—Messrs. N. H. Pike and T. B. Poole.

House Surgeons.—Messrs. C. H. Fagge (Mr. Lucas); W. E. Plummer (Mr. Golding-Bird).

Assistant House Surgeons.—Messrs. A. H. Spicer and P. N. Vellacott.

Resident Obstetrics.—Messrs. H. P. Ferraby (January), C. D. Edwards (February), A. W. Ormond (March).

Ophthalmic Assistant.—Mr. J. W. H. Eyre.

MEDICAL SCHOOL APPOINTMENTS.

The following appointments have been recommended by the Medical Council and approved by the House Committee:—

Clinical Assistants.—Messrs. V. E. Collins, G. K Levick, C. E. Michael, J. T. Roberts, R. P. Rowlands, C. Jephcott.

Gynæcological Assistants.—Messrs. A. W. Ormond (January and February); F. G. Thomas (March and April).

Clinical Assistants in the Medical Wards.—Messrs. C. F. Wakefield, F. A. Godson, R. B. Stamford, C. P. Weekes.

Clinical Assistants in the Surgical Wards.—Messrs. J. Howell (Mr. Howse); H. W. Dudgeon (Mr. Davies-Colley); F. E. Fremantle (Mr. Lucas); W. E. Hills (Mr. Golding-Bird).

Clinical Assistants to Medical Out-Patients.—Messrs. C. C. Stead (Dr. Pitt); B. B. Gough (Dr. Shaw); R. E. Delbruck (Dr. Washbourn).

Dressers in the Eye Wards.—Messrs. S. C. Clapham, A. M. Rygate (January); R. B. Stamford, F. J. Lidderdale (March) (Mr. Higgens); R. Howard, W. I. Hancock (January); R. T. Brown, C. P. Weekes (March) (Mr. Brailey).

Dressers in the Throat Department.—Messrs. R. F. Clark, J. Moore, W. W. Farnfield, F. C. Hitchins, E. F. Clowes, A. Kinsey-Morgan, H. R. Marsh, J. G. Watt.

Surgeons' Dressers.—Messrs. C. A. C. Salmon, H. Fulton, J. H. Jones, W. P. Grellet, H. S. Turner (Mr. Howse); C. H. Mossop, R. Fell, F. H. R. Heath, H. J. M. Barker, C. Shepherd, H. P. W. Barrow (Mr. Davies-Colley); H. W. Bruce, G. E. Richmond, P. Turner, W. T. Milton, A. H. B. Kirkman, A. D. Lewis (Mr. Lucas); R. T. Fitz-Hugh, H. D. Peile, J. A. Glover, K. B. Alexander, H. M. Berncastle, E. G. Goddard (Mr. Golding-Bird).

Assistant Surgeons' Dressers.—Messrs. R. Balderston, A. B. Passmore, V. J. Crawford, O. Marriott, P. C. P. Ingram, J. G. Taylor (Mr. Jacobson); R. O. Jones, J. N. Dyson, L. Humphry, E. R. Row, E. W. H. Shenton,

N. Williams (Mr. Symonds); H. N. Collier, A. E. B. Crosby, L. H. Lewis, G. M. Brown, E. I. Davis, C. A. Lower (Mr. Lane); G. H. Bedford, E. Fryer, L. E. C. Handson, E. J. Tongue, W. R. Cazenove, H. Munro (Mr. Dunn).

Medical Ward Clerks.—Messrs. A. H. Carter, H. W. Fox, W. L. Baker, T. P. Berry, H. E. C. Fox, L. H. McGavin, A. A. Miller, J. L. Payne, A. R. Thomas, F. E. Walker, E. B. Dowsett, E. W. S. Rowland, H. N. Clarke, H. L. Eason, E. E. Parrett, C. F. Watson, V. T. C. Bent, T. H. Body, L. D. B. Cogan, H. Durbridge, L. Wilkin, E. A. Evans, A. C. Osborn, J. J. Rodil, R. H. J. Swan, F. D. Turner, C. H. Brangwin, J. T. De Coteau, H. R. H. Denny, H. A. Gaitskell, J. Harris, F. E. Hutchinson, B. Isaac, J. Matthews, T. M. Walker, J. T. Dunston.

Surgical Ward Clerks.—Messrs. W. McIlroy, A. W. Powell, A. Ayre Smith, F. W. Brook, A. E. Clarke, H. B. Dismorr, W. B. Hope, A. R. McLachlan, D. J. Munro, J. H. Roberts, G. T. Brundrett, F. Shufflebotham, F. O. Stoehr.

Clerks in the Skin Department.—Messrs. J. E. Dupigny, F. J. H. Martin.

Post-Mortem Clerks. - Messrs. R. W. Mayston, W. H. M. Telling, J. M. Fortescue-Brickdale (January and February); G. C. Owsley, A. J. Cleveland, C. E. Hibbard (February and March); F. S. Batchelor, F. E. Fremantle, A. T. Falwasser (March and April).

Obstetric Ward Clerks.—Messrs. A. H. M. Saward, J. E. Powell, W. S. Richardson.

Obstetric Out-Patients' Clerks.—Messrs. H. Leader, M. C. Hayward, F. E. Fremantle, R. Kay, S. C. Clapham, J. B. A. Treusch (first half); C. R. Hodgson, M. H. Thornely, C. L. G. Chapman, J. E. H. Parsons, W. C. Milward, W. N. East (second half).

Aural Surgeon's Dressers.—Messrs. C. W. Booker, B. B. Gough, H. T. Hicks, H. R. Marsh (January); Edward Evans, T. M. Nicholson, W. N. East, W. A. Fuller (March).

Dental Surgeons' Dressers.—Messrs. M. H. Way (January and February); J. Howell (February and March); C. R. Hodgson (March and April).

Assistant Surgeons' Clerks.—Messrs. S. A. Ruzzak, F. E. Walker (Mr. Jacobson); E. Ashby, R. M. Barron (Mr. Symonds); W. B. Secretan, W. G. Stewart (Mr. Lane); T. H. W. Landon, W. A. Fuller (Mr. Dunn).

Clerks in the Electrical Department.—Messrs. G. C. Owsley (January and February); F. E. Hutchinson (February and March); F. E. Fremantle (March and April).

Assistant Physicians' Clerks.—Messrs. S. H. Mason, E. Ashby, E. A. Longhurst, R. Michell, H. C. Sturdy (Dr. Pitt); H. S. Crapper, J. E. Dupigny, J. E. Powell, T. W. S. Browne, E. H. Musgrove (Dr. Shaw); H. R. Miller, A. Reid, J. Howells, W. S. Richardson, F. L. Rae (Dr. Washbourn).

Clerks to the Anæsthetists (January).—Messrs. J. O. Garland, N. Y. Lower, A. E. Porter, A. Scott-Turner, D. L. Smith, M. H. Thornely.

Externs (January).—Messrs. H. J. M. Barker, W. P. Grellet, W. T. Milton, P. W. Moore, J. E. H. Parsons, C. Shepherd.

DENTAL APPOINTMENTS.

The following gentlemen have been recommended for appointment by the Dental Council and approved by the House Committee:—

Dental House-Surgeons (for six months from January 1st, 1897).—Messrs. K. W. Goadby, L. S. Hounsell and G. S. Simpson.

Assistant Dental House-Surgeons (for three months from January 1st, 1897).—Messrs. W. Floyd and C. A. Wilson.

Demonstrators in the Conservation Room (for six months from January 1st, 1897).—Messrs. G. O. Betts, T. W. Bromley and J. K. Clark.

Dressers in the Gas Room.—Messrs. W. E. Ganney, S. J. Redpath, C. B. Stainer, B. J. Sumerling, A. W. Walker, F. Ward.

Dressers in the Ordinary Extraction Room.—Messrs. A. A. Bartholomew, C. S. Brookhouse, C. H. Huckle, F. W. S. Stone, D. P. Tracy, E. P. Uttley.

CIVIL.

BOWDEN, G. H., L.D.S. Eng. and Glasgow, has been appointed Dental Surgeon to the Reigate Grammar School.

CRISP, ANTHONY, M.R.C.S. Eng., has been re-appointed Medical Officer for the Horsey District of the Smallburgh Union.

FRY, A. CRADOCK, M.R.C.S., L.R.C.P. Lond., has been appointed House-Surgeon to the Berkshire Hospital, Reading.

SPURRELL, W. D., M.R.C.S., L.R.C.P. Lond, has been appointed Medical Officer for the Aldborough Sanitary District of the Erpingham Union.

NAVAL.

STAFF-SURGEON H. R. OSBORNE, R.N., is appointed to the *Hermione*.

Pass List.

University of London, December, 1896.

M.D. EXAMINATION.—L. E. V. Every-Clayton, W. S. Handley, G. S. Hovenden, L. A. Parry, † A. Salter.

† Obtained the Gold Medal.

M.S. EXAMINATION.—J. St. T. Clarke, J. W. F. Jewell, T. M. Thomas.

B.S. EXAMINATION.—N. H. Pike, A. H. Spicer.

University of Cambridge, December, 1896.

SECOND EXAMINATION FOR THE MEDICAL AND SURGICAL DEGREES.

PART I.—J. M. Brydone.

PART II.—J. H. Roberts, F. Shufflebotham.

University of Oxford, December, 1896.

FINAL EXAMINATION FOR THE DEGREES OF M.B., B.Ch.

W. Ramsden.

INTERMEDIATE EXAMINATION IN MEDICINE.

PHARMACEUTICAL CHEMISTRY.—J. M. Fortescue-Brickdale.

Births.

BRYDEN.—On December 28th, the wife of Richard J. Bryden, M.R.C.S. Eng., L.S.A., of 21, Harmen Street, Milton-next-Gravesend, of a daughter.

HOLMAN.—On December 11th, at Hoathley Lodge, Eastbourne, the wife of Henry J. Holman, M.R.C.S. Eng., L.R.C.P. Lond., of a daughter.

Deaths.

DALTON.—On December 17th, at Osmaston Road, Derby, Charles Bernard Dalton, M.R.C.S., son of the late Rev. Canon Dalton, of Whitehaven.

PADLEY—On December 14th, at Lilliput Hall, near Mumbles, Dr. Padley, son of the late Mr. Padley, of the Willows, Swansea, aged 78.

ED.—F. E. F.

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Calendar of Coming Events.

Jan. 16.—Mr. Howse's take-in; Ds. W. Mussellwhite and F. J. H. Martin; Cl. G. K. Levick.
Clinical Lecture by Dr. Pitt, 1.15.
G. H. R. F. C.—I. Harlequins, away.
II. Kensington, home.

„ 16.—G. H. A. F. C.—I. Kenley, home (Surrey Cup Tie).
III. Royal Savoy, away.
Physical Society—Pathological evening, 8 p.m.

„ 18.—Preliminary Scientific and Intermediate M.B. London Examinations begin.

Jan. 19.—G. H. M. S.—John Jackson, Esq., on "Mission to Lepers in India and East," Board Room, 8 p.m.

„ 20.—Clinical Lecture by Mr. Golding-Bird, 1.30 p.m.
Mr. Davies-Colley's take-in; Ds. H. Bernard-Onraët and A. Kinsey-Morgan; Cl. J. T. Roberts.

„ 23.—Clinical Lecture by Dr. Pitt, 1.15 p.m.
G. H. R. F. C.—I. Rosslyn Park, home.
II. Old Leysians "A," away.
III. Ilford Wanderers, away.
G. H. A. F. C.—I. Old Wilsonians, away.
II. Old Wilsonians, home.
Physical Society—Paper on "Castration for Enlarged Prostate," by F. E. Fremantle.

„ 25.—Disguysed Minstrels, Brixton Hall, at 8 p.m.

„ 26.—Association Cup Tie v. University, at Honor Oak Park.

„ 27.—Mr. Lucas's take-in; Ds. G. E. Richmond and H. J. Starling; Cl. C. Jephcott.
G. H. A. F. C.—I. Civil Service, home.
Clinical Lecture by Mr. Golding-Bird, 1.30 p.m.

„ 28.—G. H. R. F. C.—Cup Tie v. Middlesex Hospital, at Richmond.

„ 30.—Clinical Lecture by Dr. Pitt, 1.15 p.m.
G. H. R. F. C.—I. R. I. E. C., away.
II. St. Bart's, home.
III. U. C. S. Old Boys II., away.
G. H. A. F. C.—I. Old Cranleighans, home.
II. Old Cranleighans, away.

Guy's Hospital Gazette,

JANUARY 16, 1897.

The Forthcoming Examination for Admission to the Army Medical Staff.

WE are now on the eve of another examination for admission to the Army Medical Staff. It is an open secret that, although only thirty-five vacancies have been offered for competition, sixty or more really exist.

It is a matter of great surprise that the new warrant so long and anxiously looked for has not yet made its appearance, and until this is officially promulgated the authorities must not look for the abatement of the position taken up by the whole of the medical profession.

To the recently-qualified members of our great and noble profession the whole of their military brethren look for the support they have given them in the past to be maintained in the future, until the great and burning questions of the status, rank and position of the Army Medical Officer are placed upon a proper footing in the Army, and the consequent efficiency of this branch of the service ensured for all future time—a demand which is only in keeping with the dignity of the medical profession.

The points that the officers of the Army Medical Staff consider the most important are the formation of a Royal Corps, with Army ranks—namely, lieutenant, captain, major, etc. —and the presidency, or proper position according to seniority, of those boards, courts of enquiry, etc., which medical officers have to attend, and which now, whatever their rank, they do so only as witnesses.

We are told the light of day is at last beginning to affect the optic nerves of the military hierarchy at the War Office on these points; and until they are conceded they must not hope to obtain suitable men to fill the long list of gaps at present existing in the Army Medical Staff.

To those thinking of a career in this branch of the profession, our advice is, "Don't buy a pig in a sack," but wait for the warrant.

Nodal Pains.

CLINICAL LECTURE BY MR. GOLDING-BIRD.

GENTLEMEN,—I will not to-day proceed in the usual manner by describing a definite set of cases, but will take a very mixed one, illustrative of the aches and pains that flesh is heir to. Some will say, perhaps, that every case admitted into the surgical wards is taken in on account of pain, but it will be sufficient for my purpose to review briefly a few of the cases which I have seen during the last academical, or at all events the last clinical year. Pain is always the principal symptom from the patients' point of view, but we all know it is a subjective, not an objective one; not a fact, but a feeling. You cannot dispute facts, but you can dispute a pain in a number of cases. There is no doubt that the patients' personal equation largely enters into the question. Many people seem to have no "inhibitory" power over their feelings; consequently it has been the fashion to class such cases together as "hysterical," whether the subject be male or female. I consider that antiseptics have helped to alter this state of things, and the use of them has given "hysterical" people their character again; for the surgeon, without risk, explores the seat of pain, and at times drops upon a cause he never suspected. Such cases we will here study.

CASE 1.—A nurse, aged 30, from a provincial hospital was last year an in-patient in Martha, suffering a great deal of pain in her hip without obvious cause. She was not of the hysterical type. Cases such as this are common in general practice, and one must be carefully on one's guard against thinking too lightly of them. The history of this case was that four months before admission the patient had entered a room during the night while a portion of the flooring was raised for repairs. She had fallen with one leg through the floor and had bruised her hip severely. She went on with her work, but at last persistent pain made her seek admission to Guy's. Her hip was flexed, she had spasmodic pain in the thigh, and had to take morphia. There was no limitation of movement.

When first seen at out-patients, the diagnosis of hysterical hip was given, because passive movements became greater in amplitude when the patient's attention was diverted, and because nothing objective could be discovered. I examined her a fortnight later and agreed with the diagnosis in so far that the movements were all perfect, and I thought, Was this an exaggerated case which would only be cured by substantial damages paid into court? for when you suspect that a patient wants to take himself into court you should be exceedingly careful, and may discount some of his statements. In this case I found this was not so, nor could I find anything wrong with the joint, and no swelling over it. It is true that there was a certain amount of tenderness in the groin, but this was totally unconnected with the movements of the hip-joint. The great trochanter was not thickened, but on its outer side I quite accidently hit upon a tender area of the size of a half-penny, which was exquisitely painful and gave a creak on rubbing. This left no doubt in my mind, and I at once diagnosed bursitis under the gluteus maximus, near its insertion. The treatment available was either counter-irritation, *e.g.*, blisters, or operation. I decided on the latter method, and making an incision over the tender spot, I entered the bursa which was found to be large and spread out under the glutens maximus. This was scraped out and irrigated with perchloride and closed up again. Immediate union was obtained, and she was entirely free from all pain; and seemed on her discharge quite cured. I have heard, however, since that there is yet some pain, but I have not seen the patient again.

With regard to the question of the connection between bursal and local or nodal pain, it is interesting to note a point on the history of osteomata, which, as you know, are found commonly on the long bones, as the tibia and femur in positions corresponding to the epiphysial lines. A boy will be brought up exhibiting an osteoma, which his mother will declare has only existed for four or five days, whereas it is more likely to have been present as many years. On manipulation you will probably get the characteristic creak on rubbing the top of the boss. Whenever a bursa becomes developed on a prominence pain begins synchronously, but osteophytes may grow from the femur under the vastus internus, and may attain a very large size before there is pain; and this, when it comes, is either due to over-stretching of fascial coverings and the appearance of a bursa. Counter-irritants will have only a temporary effect in these cases, and the best treatment is to cut down and remove the tumour.

CASE 2.—Emily W., was admitted to Martha in March, 1895, for severe pain on the ninth right rib. She had broken this bone twelve months previously, and had lately been liable to sudden attacks of pain over the boss which marked the point of union. I also see that

there is a note in the report to the effect that the patient was very hysterical-looking; so apparently the reporter had a prejudice against the patient's pain being genuine. I made an exploratory flap-incision, and found a perfect little bursa over the knot of callus which marked the old fracture. The pain entirely disappeared after removal of the bursa.

CASE 3. — This was a case of so-called "surgical hysteria" as evinced by a boy sent up to me in Lazarus by Dr. Washbourn, who had diagnosed hysterical hip, by which he meant, a painful joint without objective cause; at least no cause that an examination of the case as an out-patient could reveal. We were able to make a more thorough examination of that boy in bed. I found every movement of the joint perfect, although he had pain in it which was not localised on pressure. And here I must impress upon you that simple pressure is sometimes useless in localising lesions inside bones. But if you can jar the bone or take it between your fingers and give it a sharp pinch or nip you will have a better chance of arriving at a definite conclusion. The value of this is specially seen in examining a great trochanter or os calcis. I gripped this boy's great trochanter fore and aft, and gave it a sharp squeeze, when he immediately called out. Being thus put on the track, a very careful examination demonstrated the fact that his great trochanter on the affected side was ever so slightly thickened—a point which might easily have been overlooked. Taking the two facts together, I felt not the least doubt that this was a case of early hip-joint disease, beginning as an osteitis, and I had the boy put up in a Thomas' splint and discharged. He was cured of all his pain, and I have heard no more about him.

I well remember as a student being solemnly informed in lecture that hysterical joints were indisputable facts, and even that a neurotic knee might appear to be inflamed on account of the concentration of attention causing it to blush. Patients have often been put to indescribable torture more or less, with the object of relieving such hysterical symptoms. I recollect a poor woman who was in Lydia quite twenty years ago with pain about the hip, which was diagnosed as hysterical. She was subjected to a painful course of the "galvanic brush," a torment better imagined than described. Even this did not cure her pain; and about one year later I saw her in the Rotherhithe Infirmary, where she lay dying, her femur having fractured spontaneously at the neck, there being a central sarcoma, the early development of which had been the cause of her original pain.

CASE 4.—A lady hurt her knee at the age of sixteen; it became tubercularly affected, and then the joint became permanently stiff. She married, and went to live in India. She states that she occasionally had reminders of the former tuberculous affection of the knee. A year ago, at the age of forty-five, she got a far more chronic pain in the region, and came home. She went the round of surgeons in Paris and London, nearly all of whom referred the pain to the old joint disease. I saw her last year, and almost fell into the same mistake, when it occurred to me that she centred the pain rather in the head of the tibia than in the knee-joint, and then I felt a soft spot with an egg-shell crackle, and diagnosed central giant-celled sarcoma. Mr. Howse also saw her, and agreed with the diagnosis. Had it not been for the "egg-shell crackle" I should think we also should both have thought it was a recrudescence of the old tubercular mischief. Amputation had to be performed. This case is the counterpart of No. 3.

CASE 5.—Here is another case of bursitis. A gentleman of my acquaintance fell, at the age of sixteen, and bruised his right hip so severely that he had to lie up for a week. He is now thirty-nine, and has recently taken to cycling as a recreation. Quite lately he went for a tour in Normandy, and the exercise caused acute pain in the same region as the original injury, so that he had to discard the wheel. When I saw him he complained of pain over a small area outside the great trochanter, and palpation showed no fluctuation but the characteristic bursal creak. Not being a hospital patient, he did not see the force of operative measures, so blistering and belladonna plasters were resorted to, and I believe with the best results. After so long a time it may be said there was no connection between the original blow and the present bursitis. I can but vouch for the facts. My opinion, however, is in favour of the one being consequent on the other.

CASE 6.—William H——, aged 50, was lately admitted to Lazarus suffering intense pain in the heel. Someone has said that pain in the heel is indicative of stone in the kidney, but I did not explore that organ to see. The man stated that he had at one time run a needle into his foot, and connected this with his pain. We gave no diagnosis beyond that of pain, for we could find nothing objectively wrong. I determined, however, upon making an exploratory flap incision, and turned down the sole for

about two inches from behind forwards. I found a little bursa situated, not on the tuberosities, but rather in the hollow of the os calcis, with no *raison d'être* apparently, and certainly containing no needle in its walls, but its removal cured the pain.

I remember visiting Broca's wards in Paris, and seeing a boy with intense pain on each tuber tibiæ. Broca could not explain it—but spoke of it as a "nodal pain"—I now think that it must have been a case of slight bursitis, under each ligament just above its insertion. At least, I have seen such cases since.

Everybody has certain normally painful spots, one of these is the spine of the fifth cervical vertebra. Two out of three people will cry out after pressure on this prominence, and this has sometimes been taken as evidence of disease of the cervical spine. I recollect a child who was condemned to lie up for a year on this account alone. My advice being asked I prescribed school for him; the prescription answered very well.

Thin girls with lateral curvature of the spine often have one or two vertebræ more prominent than the rest, and the skin over them is often pigmented from friction against the clothing. These prominent vertebræ are usually painful on *slight* pressure, and may have bursæ over them. Be careful not to call such a case one of spinal caries.

You cannot feel the posterior inferior iliac spine; what is mistaken for it is the lateral tubercle on the fourth sacral vertebra; it is naturally a very tender spot on pressure—a nodal point, and the pain must not be mistaken for the pain due to sacro-iliac disease; for the sacro-iliac joint is two inches away from the joint of bone we are considering.

CASE 7.—James C., æt. 35, was in Lazarus in June last with pain in the inner tuberosity of the tibia. He gave a two years' history, and had been discharged from an infirmary as incurable. It is no light matter for the bread-winner of a large family to be laid up in this manner, and that fact alone may be accepted as a guarantee of the *bona-fides* of a man who says he cannot work because he has a pain somewhere. At least, we are more likely to be wrong than right if we make light of his pain. I thought it might be one of those cases of tubercular deposit in the bone, so I trephined into the centre of the bone, but found nothing. But the man was absolutely cured: we clearly trephined his pain!

CASE 8.—A girl was lately in Martha who gave a history of having run two needles into her leg, one and a half of which came out again. She was skiagraphed at a charity bazaar and although she was so placed that she could not see the "screen" herself, she states that the bystanders emitted phrases of wonder to the effect that they had no difficulty in seeing the half needle. She worried about it, and defined a spot of pain about the middle of her leg. I certainly thought that there was a needle there, because pinching gave her a pricking sensation, and I was rash enough to define the position and direction of the needle. I sent her to be skiagraphed and photographed, but the photograph showed nothing. However, I cut down, but could not find any needle, but the pain disappeared from that time forward.

This case reminds me of those by no means uncommonly seen in working and servant girls, who persist in having a pain in their throats, which they ascribe to a pin or a fish-bone, when from their history we can be morally certain that it is not the case. Still, there is a spot of pain; if you will search the faucial pillars, and the neighbourhood of the salpingopharyngeal fold, you are very likely to discover a small ulcer as sensitive in its way as an anal ulcer, which has caused all the pain. A touch of lunar caustic soon cures.

CASE 9.—There was at Christmas a girl in Martha on whom I performed a Chopart some time ago, and who returned with pain in the cicatrix. This pain we thought to be due to fibromata on the nerves, and it has been cured by excision of some of the cicatrix along the line of pain by Mr. Peile, though we could not demonstrate the bulbous nerves.

Persistent nodal pain, *i.e.*, pain at a special spot, after amputation, is likely to be due to a bulbous nerve, but now and then we see cases which still have pain, though every nerve-end has been carefully dissected out, or even re-amputation performed.

I well remember one such case under the late Mr. Durham, years ago. A foot amputation had to be done; pain followed and nothing relieved it; re-amputation was performed, and at intervals repeated. The last amputation was in the thigh.

I have other "nodal pain" cases here; notably of pain in muscle—the gluteus maximus near its origin—cured by operation. But I must say no more than to draw your attention to the fact that small and insignificant and unsuspected bursæ will often explain intense local pain, and that removal is their best treatment; whilst at times we have to do the apparently impossible—to "cut out" the pain

(as in cases 7 and 8)—to remove by physical means that which does not exist as a fact but only as a subjective symptom—a sensation.

Hospital News.

In the Medical Wards.

CLASSIFIED LIST OF CASES.

Circulatory System.

MARY	1, 27.	Chlorosis.
	6.	Aortic regurgitation.
	12.	Mitral regurgitation. Pericarditis.
	15, 45.	Mitral stenosis.
	34.	Mitral regurgitation.
PHILIP	9.	Aortic.
STEPHEN	1.	Thoracic aneurysm.
	6.	Aortic.
	21.	Congenital heart.

Nervous System.

MARY	2.	Sarcoma of brain.
	3.	Hysteria. Retraction of head.
	4, 17.	Diphtheritic paralysis.
	22.	Ataxic paraplegia.
	23, 36.	Chorea.
	25.	Old infantile paralysis. Myelitis. Incontinence of urine.
PHILIP	1.	Chorea.
	10.	Hemiplegia.
	24.	Locomotor ataxy. Charcot's knee.
	30.	Cerebral tumour.
STEPHEN	3.	Compression paraplegia.
	29.	Chorea.

Alimentary System and Abdomen.

MARY	13, 26.	? Appendicitis.
	18, 19, 24.	Gastric ulcer.
	29, 31.	
	35.	Typhoid fever.
PHILIP	3.	Jaundice with pyrexia.
	4.	Enlarged spleen. Malaria.
	39.	Carcinoma of liver.
STEPHEN	16.	Typhoid fever.

Respiratory System.

MARY	15, 21, 28, 50.	Phthisis.
	37, 44.	Bronchitis.
	38.	Pleuritic effusion.
PHILIP	5, 6, 35, 36.	Phthisis.
	8, 28.	Bronchitis.
	13.	Pleuritic effusion. Anæmia.
	17, 29.	Pleurisy.
STEPHEN	7, 32, 38, 39.	Phthisis.
	12, 28.	Bronchitis. Emphysema. Ascites.
	14.	Bronchitis.
	36.	Pleurisy.

Genito-Urinary System.

MARY	14.	Granular kidneys. Hypertrophied heart. Eczema.
	33.	Pelvic peritonitis.
	42.	Chronic nephritis.
PHILIP	7.	Chronic tubal nephritis.
	21.	Sub-acute nephritis.
	38.	Acute tibial nephritis.
STEPHEN	8.	Nephritis. Ascites. Pleurisy.
	23.	Acute nephritis.
	40.	Chronic tubal nephritis.

Miscellaneous.

MARY	9.	Acute tonsillitis.
PHILIP	11.	Eczema.
	18.	Purpura.
	22, 25.	Gout.
	27.	
STEPHEN	25.	Gout.
	33.	Eczema.

In the Surgical Wards.

CASES UNDER MR. HOWSE.

NAAMAN	5.	Reducible inguinal hernia.
	6.	Multiple subcutaneous abscesses.
	8.	Recurrent lymphoma glands of neck.
	9.	Delayed union; old compound fracture of tibia and fibula.
	10.	Tuberculous osteitis of ulna.
	16.	Syphilitic arthritis of elbow-joint.
CHARITY	Cot.	Tuberculous knee-joint.
	17.	Caries of tarsus.
	18.	Stricture of rectum. Lumbar colotomy.
	19.	Pain in spine; paraplegia.
	20.	Old dislocation backwards of radius and ulna.

CASES UNDER MR. DAVIES-COLLEY.

LYDIA	5.	Hip-joint disease.
	7.	Tuberculous glands in neck and both axillæ.
	8.	Thrombosis of femoral vein.
	19.	Congenital talipes equino-varus.
LUKE	1.	Cavernous tumour between second and third metacarpal bones.
	2.	Hip-joint disease.
	14.	Paraplegia. Growth in spinal cord, etc.
	15.	? Acute periostitis of humerus.
	19.	Suppurative periostitis of femur.

CASES UNDER MR. LUCAS.

LYDIA	Cot.	Webbed fingers.
	11.	Compound fracture tibia and fibula.
	12.	Comminuted fracture tibia and fibula.
JOB	6.	Large tuberculous glands in axilla; excision.

JOB	7.	Swelling in abdominal wall. ? Ventral hernia, hæmatoma, etc.
	13.	Tuberculous elbow-joint.
	18.	Enlargement of prostate; hæmaturia.

CASES UNDER MR. GOLDING-BIRD.

CORNELIUS	15.	Fractured olecranon.
	18.	Fractured ribs and scapula.
ACCIDENT	11.	Fractured patella.
	12.	Hæmaturia. ? Injury to bladder.
MARTHA	3.	Strangulated umbilical hernia.
	6.	Strangulated inguinal hernia.
	18.	Contraction of finger following poisoned wound.
	21.	Tuberculous knee-joint.
	22.	Irreducible femoral hernia.
	Oct.	Congenital inguinal hernia.
LAZARUS	5.	Tumour of male breast. ? Mastitis.
	6.	Displaced internal semilunar cartilage.
	12.	Varicocele.
	14.	Tuberculous knee-joint.
	17, 18.	Reducible inguinal hernia.
	19.	Inguinal hernia. Red line.

In the Out-Patients' Department.

SURGICAL.

UNDER MR. LANE.

INGUINAL HERNIA.—Apropos of several cases of inguinal hernia which came for advice, Mr. Lane called attention to the principles that should guide us in their treatment.

The escape of a portion of the contents of the abdomen result from a variation from the normal in the mechanical relationship of the viscera to the surrounding wall. In other words, there is brought about such an increase in the intra-abdominal tension as results in a yielding of the wall at some point.

In infancy this increase in tension is produced by excessive fermentative changes ensuing as a consequence of too frequent feeding, not necessarily with other than good food. Associated with this frequent flatulence, Mr. Lane has demonstrated the presence of a variable quantity of ascitic fluid in the peritoneal cavity. This fluid may pass for a greater or lesser distance along the unobliterated vaginal process, producing what is described as a hydrocele, or it may be accompanied by bowel.

In the case, then, of hydrocele and hernia in infancy, it is obvious that the condition of imperfect nutrition must be met, and the intra-abdominal tension reduced to the normal. If the child be not too young, pressure should be exerted constantly upon the processus vaginalis in the case of inguinal hernia or hydrocele, in order to remove the presence of the mechanical factor, namely, the bowel or the ascitic fluid, which prevents it from becoming obsolete. To treat a hydrocele in infancy by tapping and by the use of what the surgeon calls discutient lotions is not only absurd and useless, but shows clearly that he is ignorant of the causation of the condition. Such a truss must be worn constantly and must fit accurately.

Later in life it is usual to teach the student that hernia cannot be cured by a truss. That this is not the case the irregular and often unqualified practitioner who devotes himself to the treatment of hernia other than operative, is occasionally fully aware, and trades to great advantage upon it. What he does is to spend much time and pains in fitting the patient accurately with a comfortable truss. This he directs shall not be removed on any excuse whatever, and shall be worn for a considerable length of time. That such treatment has succeeded in a certain proportion of cases is a matter of common knowledge.

The advantage possessed by some of these people is that they are skilful mechanics, and take more than usual pains in fitting the patient accurately. Too often with medical men such fitting is left entirely to the instrument maker, who may or may not possess sufficient knowledge, skill and time at his disposal to do what is sometimes a very difficult thing to do perfectly.

Hernia in adult life, as in infancy, is brought about by the intra-abdominal tension being too great for the security of the surrounding wall. It is not so directly dependent on diet as it is in infancy, though it is largely predisposed to by such increase of tension as results from the abundant deposit of fat in the intestines and omentum. This factor must, therefore, be of important consideration.

In many cases the increase in tension is very transient, being produced by some violent expiratory or expulsive effort, or from the forcible contraction of the muscles of the abdomen in some effort, as in lifting a heavy weight. Such causes of hernia must be born in mind both in the treatment of a developing hernia as well as of one of some standing.

The safety of the mechanism of the normal inguinal canal consists in its obliquity, since the pressure exerted by the abdominal contents upon the posterior wall of the canal renders it most difficult for any of the viscera to force their way along the track of the cord.

Should, however, bowel or omentum effect an entrance into the canal, it exerts a pressure on the outer margin of the conjoined tendon in an inward direction, tending to lessen the breadth of the posterior wall and to diminish the length and obliquity of the canal.

This displacement inwards of the posterior wall proceeds more rapidly and more effectually when the hernial protrusion has made its way into the scrotum.

For all practical purposes an inguinal hernia may be regarded as a progressive destruction of the posterior wall of the canal, or in other words, of its obliquity. Therefore, the condition of the posterior wall is of the greatest importance in enabling the surgeon to form an opinion as to whether he is likely to succeed in treating the hernia with a truss, or whether it will be necessary to resort to operative measures.

The operative treatment which Mr. Lane adopts depends entirely on the recognition of this fact, since he reconstitutes the posterior wall, not attempting to improve the mechanics of the human body, which he does not believe possible, but simply restoring parts as perfectly as possible to their normal physiological condition.

By treating a cough, by removing the necessity to strain forcibly in defæcation, by avoiding violent efforts, especially in a flexed position, by reducing excessive fat, and by wearing constantly a truss that fits perfectly, the tendency for the bowel to escape along the inguinal canal may after a time be removed, so that the truss may be discarded.

When the posterior wall is so far displaced and atrophied that there is no prospect of its being utilised to form a posterior wall, the hernia becomes for all practical purposes direct. This means that the aperture of exit from the abdomen is of the bung-hole character, and is no longer valvular. Such is frequently the condition later in life, and if the aperture cannot be controlled by a truss—often a hopeless task—Mr. Lane removes the testis and completely obliterates the aperture. Such an operation can be done through a small opening very quickly, since the testis and cord do not require to be separated from a large sac, while together they shell out easily. It is the only radical cure, since the operation already referred to merely restores the parts to their normal condition, which, as it proved itself insufficient on one occasion, can never be regarded with any great confidence in future.

House Committee.

THE Committee sanctioned a new form of Maternity Card, differing from the old in that instructions are given to applicants as to the place at which the card is to be taken; and, on the suggestion of one of the Charities, a paragraph has been inserted, stating that no responsibility will be accepted by the charity in cases where, through negligence, sufficient information is not given, and the child was found to be born on the arrival of the extern.

The committee gave a general approval of a suggestion made to them by Mr. Landon, that a tea should be provided in the out-patient department of the hospital next Christmas for deserving poor children living in the neighbourhood of the hospital.

The committee are proposing to make considerable alterations in the dressers' rooms, with a view of increasing the accommodation in the surgery, and providing the Assistant-Surgeon for the week with a bedroom in which he may sleep during the time he is on duty. It is also contemplated greatly to enlarge the accommodation available for the department of the secretary to the treasurer, and room for this purpose will probably be found in the superintendent's house.

Examination Papers.

UNIVERSITY OF LONDON.

M.D. AND M.S. EXAMINATION, 1896.

Mental Physiology.—(Candidates should answer three questions in each section).—(a). 1. Explain the psychological conditions upon which good memory depends. Describe the order in which loss of memory occurs, and illustrate by reference to senility. 2. What are fixed ideas? How do they help to explain the character of volitional action? Illustrate their impulsive character in hypnotic and insane states. 3. Describe the normal and pathological phenomena on the evidence of which we conclude to the parallelism of psychical and physical processes. In what sense do you understand such parallelism? 4. Explain the origin of our consciousness of duration in time, and describe the alterations of the idea of duration in abnormal mental conditions.

(b). 1. Discuss the arguments for the existence of an affective as opposed to an intellectual form of insanity, and illustrate your opinion by a brief account of the course of a clinical case of the kind referred to. 2. Mention the different forms or states of consciousness, and give your estimate of the probable degree of consciousness in insane and altered psychical states. 3. Mention the forms of insanity that are specially characterised by want of control. State the theory used to explain the above forms, and mention other acts of the insane that may be explained by it. 4. How far are particular qualities of delusions connected with different forms of insanity?

Medicine.—1. What is acromegaly? Give a description of its clinical features, state what is known of its ætiology and pathology, and point out its distinction from other conditions which resemble it. 2. Write a short account of non-tubercular fibroid affections of the lungs, including their causation and pathology, their symptoms, and the remote results to which they may give rise. 3. Under what morbid conditions does enlargement of the spleen occur? Describe any associated changes in the blood which would be found, and detail the methods you would employ for their investigation.

Medicine.—1. Give a concise clinical and pathological account of Asiatic cholera, including the chief characters of its epidemic outbreaks. 2. Distinguish the various forms of headache, discuss their diagnostic significance, and indicate the general principles of treatment. 3. Discuss the treatment of cardiac failure, and criticise the therapeutic value of the methods you mention.

Case in Medicine for Commentary.

A baker, aged 55 years, was admitted into the hospital on November 13th, complaining of pain in the chest and abdomen, and frequent vomiting.

He stated that his father died of "consumption" and his mother of "asthma," and that he had had one

brother and one sister, both now dead, the cause in each case being unknown to him. He could give no further information about his family.

Twenty-five years ago he suffered from syphilis, and two years before admission he had a severe attack of hæmatemesis, without pain, and followed by melæna, from which he appeared to completely recover. For some years he had been subject to winter cough, but no further record of illness was obtained. He drank beer freely, sometimes as much as a gallon a day, but was not addicted to spirits.

His present illness dated from about a year before his admission, when for some time he complained of feeling generally unwell, though without any definite symptoms that he could remember, until about four months later, when he began to suffer from pain after food and occasional vomiting. He was treated as an out-patient at one of the London hospitals, and was much relieved after attending for three months. Two months later, however, the same symptoms set in again; the pain occurring after all food, and described by the patient as being particularly severe at the mid-sternum; the vomiting, which seldom occurred more than once daily, took place four or five hours after food; the vomited matter, which was considerable in amount, was of a brownish colour and frothy. Owing to the vomit being said to contain a little blood, and the cough being exceedingly troublesome, he was admitted to the hospital. He further stated that he had lost flesh very considerably since his illness commenced, and that during the whole time he had been extremely constipated, the bowels sometimes not being relieved for a week, the motions being hard and black.

On admission the patient was found to be very anæmic and much emaciated; the temporal arteries very visible and tortuous, the radial pulse small and frequent, and the vessel hard. Temperature 98°F. The feet and legs were slightly swollen and pitted on pressure. The lower half of the abdomen was distinctly distended with some retraction above the umbilicus, rather fuller on the left than on the right side, with moderate dulness on percussion over the left hypochondrium. No tumour could be detected on palpation, and the percussion limits of the liver and spleen were normal. There was no fluid in the peritoneal cavity. On manipulating the distended region a splashing sound was audible with the stethoscope. The chest was bulged, the sternum being prominent. Resonance over thorax, both back and front, somewhat increased, the expiratory sound being loud and prolonged, with occasional sibilus and rhonchus. The area of cardiac dulness was ill-defined, the impulse weak, and the sounds distant and feeble; no murmur. The patient described his pain as being situated generally over the lower part of his chest and upper part of the abdomen. There appeared to be no special point of greater intensity than elsewhere, but it was certainly somewhat worse after food, though constantly present more or less. No definite tender spot could be detected on pressure. Vomiting took place four or five hours after food, about two pints of brown frothy material being ejected, extremely acid in reaction, and of sour smell. Further examination showed that it contained a small quantity of blood and free hydrochloric acid. The urine was very slightly alkaline, but in other respects normal.

For some days patient remained in much the same state; the vomit continued to show traces of blood, and the pain presented the same characters as described. The percussion note over the left hypochondriac region varied; at times being dull, with a splashing sound, at others the tympanitic resonance reached as low as the level of the umbilicus, and upwards to the seventh rib in the axilla. The temperature remained sub-normal, ranging daily between 97·5°F. and 98°F.

The patient then began to improve somewhat; the pain was less constant and more restricted to the abdomen; the vomiting was less frequent and was unaccompanied by blood; the fulness over the left side of the abdomen was less marked, and the area of dulness when present was diminished. He also gained a little in weight, and the bowels acted rather more regularly. The slight œdema of the legs and feet disappeared, and the urine was normal.

The improvement, however, did not last long. Towards the end of December the former symptoms returned, with gradually increasing severity, except that there was no recurrence of blood in the vomit. The examination of the abdomen discovered nothing beyond what has been described. About the middle of January the patient, for the first time, complained of some difficulty in swallowing; "it seemed," as he said, "as if the food did not get into the stomach"; but there was no regurgitation of food, and the vomit was always material that had undergone some gastric digestion. The symptom increasing, an œsophageal bougie was passed, with the result of causing great pain at a spot which he indicated as being somewhat above and to the left of the lower end of the sternum. The same effect followed a repetition of the use of the instrument on each occasion, when it had passed to a length of fourteen inches from the teeth. Not once was it passed into the stomach, owing to the severe pain caused, but it did not appear to meet with any mechanical obstruction; it was not blood-stained on withdrawal. The patient lingered on, with increasing emaciation and anæmia, and died of exhaustion on February 2nd, œdema of the feet and legs being again noticed towards the end.

Comment on this case, with special reference to its diagnosis, and the significance of the signs and symptoms indicated, giving a full account of the methods of investigation required in the case. Describe also the morbid changes you would have expected to find after death.

[*We hope to give the solution of this case, with full commentary, in our next issue.*—ED.]

Keogh Presentation Fund.

SECOND LIST.

	£	s.	d.
J. Y., Stamford Hill	2	2	0
A. D. F., Guy's Hospital	1	1	0
J. H. T., St. Thomas's Street	1	1	0
J. F., The College	1	1	0
F. T., Wimpole Street	1	1	0
H. B., Dulwich Village	1	1	0
E. T. E. H., St. Thomas's Street	1	1	0
C. S., Poplar Sick Asylum, Bromley... ...	1	1	0
W. A. L., Cavendish Square	1	1	0
F. G. S., Belvedere Road, Upper Norwood ...	1	1	0
W. H. F., Oak Street, Fakenham	1	1	0
W. N. D., Grosvenor Square	1	1	0
W. P. R., Stamford Hill	1	1	0
G. N. P., St. Thomas's Street	1	1	0
G. A. W., Oxford Road, Manchester... ...	0	10	6
G. R., Queen Anne Street, Cavendish Square	0	10	6
H. A. M., Guy's Hospital	0	10	6
T. G. S., St. Thomas's Street	0	10	6
C. D. E., Guy's Hospital	0	10	6
C. H. F., Guy's Hospital	0	10	6
T. D. L., Inns of Court	0	10	6
J. H. G., Cheadle, Cheshire	0	10	6
J. W. R., Newhall Street, Birmingham ...	0	10	6
H. T. B., Guy's Hospital	0	10	6
F. J. S., Guy's Hospital	0	10	6
T. D. M., Reigate	0	10	6
F. E. F., Guy's Hospital	0	10	6
W. T., Guy's Hospital	0	10	6
E. T. S., Guy's Hospital	0	10	6
A. H. T., Guy's Hospital	0	10	6
F. S. B., Guy's Hospital	0	10	6
J. N. C. D. C., Harley Street	0	10	6
R. B. S., Guy's Hospital	0	10	6
F. J. N., Guy's Hospital	0	10	6
A. A., Milk Street	0	10	6
H. W. B., Guy's Hospital	0	10	6
R. L. K., Park Street, Leeds	0	10	6
G. E. D., Guy's Hospital	0	10	6
S. R. A., Faversham	0	10	6
F. A. G., Guy's Hospital	0	10	0
W. S. H., Guy's Hospital	0	10	0
T. N. D., Harlow, Essex	0	10	0
T. M. D., Harlow, Essex	0	10	0
W. A. A., Onslow Square, S.W.	0	10	0
T. F., Clifton, Bristol	0	10	0
W. J. S., Surbiton	0	10	0
L. C. P., Guy's Hospital	0	10	0
T. P. P., Guy's Hospital	0	5	0
C. T. A., Guy's Hospital	0	5	0
A. S., Old Jewry, E.C.	0	5	0
A. L., Guy's Hospital	0	5	0
C. H. B., Guy's Hospital	0	5	0
W. E. P., Guy's Hospital	0	5	0
T. L. J., Guy's Hospital	0	5	0
H. T. H., Guy's Hospital	0	5	0
E. P. M., Bedford Street, Liverpool	0	5	0
H. P. F., Guy's Hospital	0	5	0
J. S. H., Guy's Hospital	0	5	0
C. J. H., Guy's Hospital	0	5	0
A. T., Aberystwith	0	5	0
W. E. H., Guy's Hospital	0	5	0
A. T. F., Guy's Hospital	0	5	0
A. P. A., Croham Road, Croydon	0	5	0
C. G. R., Halstead, Essex	0	5	0
H. D. P., Guy's Hospital	0	5	0
C. R. H., Guy's Hospital	0	5	0
H. J. S., Guy's Hospital	0	5	0
F. E. W., Guy's Hospital	0	5	0
J. H., Guy's Hospital	0	5	0
J. A. R., Guy's Hospital	0	5	0
P. G. T., Guy's Hospital	0	5	0
J. B. W., Guy's Hospital	0	5	0
C. J., Guy's Hospital	0	5	0
T. H. M., Norwich	0	5	0
A. H. F., Guy's Hospital	0	5	0
H. P. F., Guy's Hospital	0	5	0
J. E. H. P., Guy's Hospital	0	2	6
E. R. F. (5s. intended)	0	2	6
H. A. D., St. Leonards	0	2	6

The Disguysed Minstrels.

THE last fortnight has been a busy time. Starting at Peckham Public Hall on the 1st inst., a very good beginning was made, although the audience fell considerably short of last year, and a keen critic would have detected at times a certain ruggedness in the performance. This latter defect had, however, been quite overcome by the time Woodford was reached on the 7th inst., where the Troupe, having first enjoyed the hospitality of Drs. Warner and Lansdon, gave every satisfaction to themselves and to an excellent and appreciative audience. The report from Woodford is that "all our friends were very pleased with your entertainment, and many say it was even better than last year."

A day's rest, and then to Beckenham on the 9th inst. Of this a full and independent account follows, but we must here personally record the thanks of the Troupe to Dr. Randell, for the excellence of his arrangements and the quality of the audience, and these thanks we would extend to those other old Guy's men who seconded his efforts.

AT BECKENHAM.

(BY A STRANGER CORRESPONDENT.)

The pleasure of giving pleasure, supplemented by the knowledge that a good cause was being served, never received a more striking exemplification than on Saturday last, when the Disguysed Minstrels gave a performance of nigger songs and acting at the Public Hall, in aid of the Re-endowment Fund of that worthy Institution—Guy's Hospital. The local management of the affair

was in the hands of Dr. Randell, and it must be gratifying to him and those who assisted, that their efforts were attended with so much success. Everything was nicely done; the room was completely warmed and tastefully decorated, and what was greatly appreciated, the stiffness of the orthodox concert was set aside by the seats being unappropriated. This converted the gathering into a sort of promenade concert, and the interval between the parts was profitably occupied by visits to the smaller room, where ices and refreshing beverages were temptingly provided. The show itself was a great success, and the audience evinced the greatest interest in the songs and jokes, and beyond the continual fits of laughter, there was not even the ripple of conversation, which not unfrequently is indulged in during similar performances, and we take this as an evidence that the company were highly pleased and interested in all they heard and saw.

The opening chorus sung by the troupe "Eighteen Days in Georgia," was a most fitting start to the programme. The songs were all of them in keeping with a negro entertainment—a fact which seldom exists, and the choruses, too, were the fulfilment of the idea of plantation life; and what may have fallen short in a solo here and there, was fully compensated by the harmonious refrains. Mr. Starling gave "I am sitting at my Window," and Mr. Delbruck sang the "The Dream Man," and a popular comic, "I've got the Ooperzootic," was made into a good thing by Mr. A. A. Miller; "The Swanee River," sung by Mr. H. T. Hicks, was embellished with a vocal banjo accompaniment which gave it a novel pleasing effect; "Dinah, dear Dinah," sung by Mr. T. L. Jackson; "Plantation Melody," by Mr. F. G. Thomas; "Yo-lah," Mr. H. McD. Parrott; and "Whisper and I shall hear," Mr. L. E. C. Handson, were all well received; but the comic songs by Messrs. J. E. Collins, W. R. Cazenove, and A. Hay, were evidently more to the liking of the audience and were heartily encored. This part of the concert closed with a stirring song and chorus, "It was a Liner." The really capital orchestra, composed of amateurs, contributed immensely to the success of the evening, both by accompanying the songs and by the selection played during the entr'acte. Part two opened with a musical sketch by Mr. P. H. Ludlam, an aspirant for the cloak of the late Mr. Corney Grain, and this was followed by a song by Master H. Curd, "My darling's Lullaby," and this young gentleman got an encore, though for what we could not tell. Mr. J. E. Collins' stump speech was quite original, and not devoid of wit, and the applause brought the lecturer to the footlights again, but the audience were "had on a piece of toast." The "Sketch," we beg pardon, "New and original Tragedy," entitled, "Hamlet, or the Dress Rehearsal," was the funniest thing we have seen for a long time. A theatrical manager is distracted by the loss of two of his leading artistes on the eve of the production of the piece, and in response to an advertisement, Mr. Sherbert Gingerbeerbohm, (Mr. Arthur A. Miller), and Mademoiselle Lene Bumblefoot (Mr. A. Hay), accept the vacancies, and rehearse the "mad" scene between Hamlet and Ophelia with a result altogether too cleverly comical to describe. The hour was late when the curtain fell, but everyone stayed to the close, and appeared well pleased with the entertainment. We hope the concert proved a great financial success.

A good and appreciative account appears in the local press of the performance at Woodford. "Last year's entertainment," says the notice, "was excellent, but this year's performance was even an improvement upon that, being given with more finish."

St. George's Hall on the 11th inst., was approached with some trepidation—but all fears proved groundless. The audience, which included H.R.H. the Duke of Cambridge, Lord Worthing, and other noblemen, must have been one of the most distinguished that had ever assembled in Corney Grain's old home. Although the performance was not over until quarter-past eleven, nearly every one stayed till the end, and the Troupe scored a splendid success on their merits. The show never went better.

The Richmond fixture came off on the 14th inst., and the performance went down very well indeed. The Mayor of Richmond and many other prominent residents were present, and the only matter for regret was that the audience was not more packed, but then at Richmond we were strangers in a strange land.

Now there are ten days left in which to make the Brixton Hall fixture on the 25th inst. a thumping success.

Mr. W. Tyson.

PRESIDENT OF THE RESIDENTS.

Mr. Tyson, whose portrait is here given, is serving as house-physician to Dr. Pye-Smith until the end of March, and on New Year's Eve was elected President of the Residents in succession to Mr. C. D. Edwards. An account of his career was given in the GAZETTE of July 4. His position is assured not only by the distinction he has won in the course of his professional work, but also by his memorable captaincy of last year's Rugby fifteen.

Passim.

SINCE our last issue the Disguysed Minstrels have made their appearance several times in public and have won golden opinions. The Peckham audience was less numerous and far less demonstrative than last year; but, according to the South London press and private opinions, appear to have been most appreciative. The Woodford audience were as loud in their applause this year as they were quiet last; and Dr. Warner, who most kindly entertained the troupe, is to be congratulated on the success of his efforts. At Beckenham the hall and audience, although not very large, were most comfortable and pleasant, and the only discomfort to the minstrels was their return journey in a brake and a thick mist after the last train had gone, between the hours of eleven and one at night. St. George's Hall and Richmond Theatre were filled by good audiences and both entertainments were a conspicuous success.

GREAT congratulations are due to the whole troupe, both chorus and orchestra, on the success that has attended their efforts; and the greatest credit is due to Mr. Reaside, who has fulfilled his secretarial duties, made all arrangements, and preserved an unruffled countenance under the most trying circumstances with the most conspicuous success. After the Brixton engagement on the 25th and the performance at the Crystal Palace next month, the three dozen performers will be glad to retire into private life and will, it is to be hoped, be able to present the Treasurer with a sufficient donation to complete the endowment of a Disguysed cot.

THE presence of the Duke of Cambridge at Monday's performance was a graceful act on the part of a member of the Royal family and the second in seniority of the Governors of the hospital. It was additionally satisfactory to hear that the Duke sent a special message by the Treasurer to say how well he enjoyed the entertainment.

MOST routes of communication between the Borough and Langham Place are by this time tolerably well known. A new route, however, was discovered on Monday by an adventurous member of the orchestra, through Tottenham by the Midland Railway, the peculiarity of which was that it enabled him to escape some of his more difficult parts in the accompaniments by arriving forty minutes late. And yet the orchestral manager smiled.

THE pathological evening of the Physical Society, arranged for last Saturday, will be held this evening in place of a debate; and the society will meet again next week to hear what will, we fear, be only the second paper since the summer. There is a full programme, however, arranged for the rest of the session, and we hope the meetings will be well attended, and the subjects brought before the society thoroughly discussed. A false modesty has arisen of late in the society, which is not justified by the fact that most of its members are still unqualified in the eyes of the law.

THE cup-ties are upon us, and we hope that all Guy's men, whether football players or not, will support the team by their presence whenever possible. We shall be glad also to see fewer names scratched from the second and third team matches. If this continues much longer, it will be difficult to find captains willing to undertake the work of arranging matches, and the men and the game in Guy's will suffer in the future.

AMONGST many repairs that need to be taken in hand in Guy's, the restoration of the dressers' rooms to a state somewhat approaching decency has for long been urgently demanded. It was urged in these columns five months ago, and now, we are glad to hear will before long be taken in hand. At the same time we should like to call attention to the wretched state of disrepair into which the photographs on the walls have fallen. The glasses are broken, the frames are bent, the mounts are discoloured, and in short, but scant honour is done to those, our predecessors, whose honour it is our privilege as well as our pleasure to perpetuate. We hope that before long a fund may be set on foot for restoring these groups, and in other ways for effecting a complete record of all Guy's men who have left the hospital with credit to themselves and loss to their friends.

THE fund for presenting a testimonial to Mrs. Keogh amounts at present to £75. Further subscriptions, to be paid to C. E. Carpmael or to the Editor of the GAZETTE, are urgently demanded of all old Guy's men of thirty years' standing, or less, to complete the £100 needed for the annuity which it is proposed to present to the ever-memorable and respected "Auntie."

If any better way of spending the money can be suggested, the movers will be glad to hear and to take it into consideration.

WE omitted to notice in our last issue that Mr. A. Salter, of the Flower-Box, opposite St. George's Church, had sent a lovely holly-wreath on the eve of the 27th of December, the anniversary of Thomas Guy's death, which was, of course, promptly hung over his shoulder, a tribute to the esteem in which an old patient, in common with all Guy's men, holds the memory of our founder and benefactor.

WE are glad to see that Mr. Thomas Bryant, F.R.C.S., has been appointed to the post of Honorary Consulting Surgeon to the Hospital for Epilepsy and Paralysis, Regent's Park, rendered vacant by the death of Sir John Eric Erichsen, Bart.

IT is pleasant to hear that Sir Joseph Lister, on elevation to the peerage, is to keep the name that will always be associated with his great discovery. In applauding this honour conferred on the most distinguished member of our profession in the present day, we join hands most cordially with a contemporary in expressing our regret that the President of the Royal College of Physicians, a Physician in ordinary to Her Majesty the Queen, should still be styled plain Dr. Wilks.

A REGRETTABLE but honourable announcement is made in another column of the death of Surgeon-Captain Manser, an old Guy's man, who was the first victim in the Indian Medical Service of the bubonic plague, which he was energetically trying to combat. We regret also to see that Nurse Joyce, who nursed him, has succumbed to the scourge. They have died the hero's death at the post of duty; and our fullest sympathy is with all their friends and relations.

THE inauguration of the N.Z. Branch of the B.M. Association has been largely assisted by two old Guy's men, Drs. Hacon and Batchelor. The first meeting was held at the end of October, and the branch is now in full working order.

MR. E. T. SHORLAND has returned to Guy's after a prolonged course of globe-trotting, and looks bonnier than ever.

WE must congratulate Mr. C. H. Wells on his recent appointment as announced in the *Daily Mail*. The fact has not yet been announced in the hospital. It is wonderful how the press obtain their information so early, and the *Daily Mail* too, the youngest of all daily papers!

THE *Sun* published on Thursday last at length an appreciative interview with Sister Minnie, on the subject of the Nurses' Cycling Club. This seems to be a subject of never-failing interest to the public, and Sister Minnie must be fast becoming an expert in dealing with the professional interviewer. Space, unfortunately, prevents our taking any further notice of the article.

MANY medals and other prizes will be awarded to students who will forward photographs suitable for scrap-books for the use of children in the wards to the Editor, *Amateur Photographer*, 1, Creed Lane, London, E.C.

A PRIZE is announced by the British Medical Temperance Association for the best essay on the influence of Alcohol on Digestion and Nutrition. Conditions may be read on the large notice board in the Library.

COPIES are ready of examination papers in the Guy's Hospital Medical and Dental Schools for 1895–6, and of the dental students' calendar for 1897, and may be had on application at the office of the medical school. The students' calendar will be ready on Monday. Several good and useful changes have been made, including the separation of the dental and general students' engagements.

WE give to-day the portraits of the newly appointed house-surgeons, house-physicians and obstetric residents, the publication of which was unavoidably postponed from our last issue, when, however, notices were given of their respective biographies. We are glad to be able to announce that the central figure and former President of the Residents, has completely recovered from his recent experience as a patient.

THE "GUYOSCOPE" has appeared and been digested for the space of three days. Its authors are to be congratulated on their leading article, which fastens its aim on the unconsidered trifles of our daily life, and promises to please all and to pain none. Should the "Guyoscope"

N. H. PIKE (A.H.P.)

T. B. POOLE (A.H.P.)

C. D. EDWARDS (R.O.)

A. W. ORMOND (R.O.)

H. P. FERRABY (R.O.)

NEW
HOUSE APPOINTMENTS,
January, 1897.

A. H. SPICER (A.H.S.)

P. N. VELLACOTT (A.H.S.)

live up to the standard proposed in its maiden speech, it will deserve a long life and a merry one. Copies of the caricature are to be obtained, we are informed, on application to the editor at the college. A caricature, with or without letter-press, is expected in a fortnight's time.

IT is to be hoped that the festivities of this winter will result in a most substantial addition to the hospital funds. The contribution of Mr. Miller's burlesque at Sutton, reached the excellent total of £42, and large returns are expected from the Disguysed performances, especially at St. George's Hall.

RUMOURS continually fly about concerning the reopening of the old wards, and a corresponding increase in the personnelle of the staff. Concerning the latter we will make an announcement so soon as any public decision is arrived at. But concerning the former matter we must again emphasise the hope, which we believe is justified by official opinion, that the vacant wards will not be reopened until enough money has been promised to cover the cost of their maintenance. The sustentation fund must be kept as small as is consistent with efficient management, in order that the process of re-endowment may continue. The closed wards are a striking reminder to the public of their duty to the hospital and to the poorer members of the community; and it is by keeping this visible token paraded before their eyes that we may hope to effect the great object which is our common aim.

THE views of our A.M.S. correspondent are well expressed in the leading article published in our columns to-day. It is hoped that the service will soon get their warrant.

A SUBSCRIBER, in ordering an Index, regrets that copies are not sent round to all subscribers. This used to be done, but it was thought that few men used the index, and that the extra cost of printing and postage made this too expensive a luxury. Should there be, however, any real demand, we should be glad to send the Index round to all our subscribers.

THE fund for presentation of Christmas-boxes to the club servants is still open, and the residents and officials of the club will be glad to receive further contributions.

WE have imagined for ourselves many methods of committing suicide; but it never occurred to us that we might hang ourselves by means of our braces on the back gate of the hospital. This original idea, however, occurred to some poor Borough soul on the morning of the seventh of January, and was promptly carried into execution. But he was not allowed to pursue his idea to its logical conclusion; for regardless of the value of the braces, and the supposed worthlessness of the owner's life, the thin-spun thread of the former was slit, and the inventive genius revived in the surgery. The question now is whether the incident was a dramatic representation of sympathy felt in the Borough for the back-gate grievance of the Guy's students, and whether the authorities realize that, had they not closed the back-gate, this game of hazard between life and death would never have taken place.

Appointments.

MEDICAL SCHOOL.

DAVIES, E. C., has been appointed dresser to Mr, Howse

DENTAL SCHOOL.

DOUSTON, J. A. M., has been appointed Dental House Surgeon for six months ending June 30th, 1897.

CIVIL.

BURTON, C. E., M.R.C.S., L.R.C.P. Lond., has been appointed House Physician to the North-Eastern Children's Hospital, Hackney Road.

ECCLES, HORACE D., M.R.C.S., L.R.C.P. Lond., has been appointed District Surgeon to Impendhle, Natal; also, Public Vaccinator, Impendhle, and Medical Officer to the Indian Circle, Impendhle.

FRY, A. CRADOCK, M.A., M.R.C.S., L.R.C.P. Lond., has been appointed House Surgeon to the Royal Berkshire Hospital, Reading.

PARKINSON, C. H. W., M.R.C.S. Eng., D.P.H.R.C.P. Edin., has been re-appointed Medical Officer of Health to the Wimborne and Cranborne Rural District Council.

TURNER, A. SCOTT, M.R.C.S., L.R.C.P. Lond., has been appointed House-Surgeon to the Hospital and Western Branch of the Brighton, Preston, and Hove Dispensary.

NAVAL.

Fleet-Surgeon EVERARD SAUNDERS is appointed to the *Blake* (Channel Squadron).

Surgeon MURRAY P. JONES is appointed to the *Resolution* (Channel Squadron).

Surgeon WILLIAM BETT is appointed to the *Britannia* (Training Thip for Naval Cadets), Dartmouth.

Obituary.

Surgeon-Major Robert Manser.

Surgeon-Major Robert Manser, who is one of the first professional victims to the Plague in Bombay, joined Guy's Hospital about 1867. He held the following appointments here—surgical ward clerk, medical ward clerk, assistant surgeon's dresser, dresser in the surgery, surgeon's dresser, post-mortem clerk, extern, resident obstetric clerk, obstetric ward clerk, assistant physician's clerk and clinical assistant. In 1873 Manser qualified, becoming L.S.A., M.R.C.S., and later on, in 1877, passed into the Indian Medical Service, being attached to the Bombay army. In 1879 he first saw field service, and later on took part in the defence of Kandahar; subsequently working in the Bolan and Khyber Passes after Lord Roberts' brilliant success. Coming down to Bombay, he was soon appointed one of the physicians to the Jamsetjee Jeejeebhai Hospital, and a professor in the Grant College Medical School. In 1889 he became Professor of Medicine there, in succession to Dr. Vandycke Carter, so well known in connection with his researches on Madura Foot or Myctoma, Actinomycosis, Leprosy, and Remittent Fever. In this year Dr. Manser also took the M.D. Durham, passed the M.R.C.P., and became a surgeon-major. In addition, he soon acquired a pretty extensive reputation as a consultant, and became a most popular physician among the European community of Bombay. In private Dr. Manser was of the most unassuming of men, as well as one of the most careful clinical workers that the Indian Medical Service has seen. Men like him are pretty plentiful in India, no doubt, but Robert Manser was pre-eminently *the* type. His leave in England was generally pretty largely spent at Guy's—only last summer his afternoons were occupied in going round with Dr. Taylor, and in attending Dr. Pitt's and Dr. Perry's post-mortems. When the Plague broke out in August, in Bombay, Dr. Manser was at once appointed President of the Plague Investigation Committee—in its work he has been unwearied. He took the plague Monday 4th January, and died on the 6th, cut off in mid-career, and with a busy brain all active;—a death that he would have been the last to make a fuss about, rather taking it as part of a day's work. An honour to himself and to Guy's, he was a credit to a service that has no need to produce vouchers for its nobility. He would have been 48 next month.

Dr. Padley.

The death is announced, at seventy-eight, of Dr. Padley, of Mumbles, an old Guy's man. Dr. Padley, while at Guy's took the gold medal for medicine, and subsequently became a lecturer and demonstrator at the Royal Infirmary of Liverpool, where for a time he settled down in practice, before making his way to Swansea. He has filled most of the best positions in Swansea and neighbourhood with distinction; he was president of the Royal Institution of South Wales, and was the first president of the revived South Wales Branch of the British Medical Association. According to an extract sent us from the *Cambrian*, Dr. Padley "was a fluent, thoughtful speaker, an ardent and a scholarly scientist, and a genuine friend."

Concerts in the Wards.

(BY OUR OWN SPECIAL CORRESPONDENTS).

CLINICAL.—Owing to an unjustifiable faith in punctuality I was enabled to spend half-an-hour before the concert in admiration of the ward decorations. My first impression on entering the building was that of the interior of a cathedral; the warm glow of the Chinese lanterns, the sleepy twinkle of the fairy lamps suggested a sunlit window in the transept and the flickering tapers of some favoured saint. The subdued conversation, the wandering to-and-fro of sad-faced authorities, the muffled squeaking of chairs all lent to the illusion, and I caught myself in the act of sorting out a very small piece of silver for the plate.

But the ward was now rapidly filling, and the murmur became a hum, and the hum a buzz, and then—silence, and a tiny voice announced the "Washington Post." I have heard the "Washington Post" played in all manners and on all instruments, from the military brass band to the humble mouth-organ, but I have never enjoyed it more than on this occasion. The Misses Williams, Rudge and Hazelwood and Mr. McVicker proved themselves adepts in the art of banjo playing, both here and in their subsequent performances, all of which were received with real and keen delight. Then Mrs. Hutchinson, who has a pure and highly-trained soprano voice, rendered Schubert's "Who is Sylvia" with exquisite taste; although the programme strictly forbade encores, an encore was insisted upon, and Mrs. Hutchinson sang "Annie Laurie." The next item was a banjo duet by Messrs. W. Cary-Bullock and Peter McVicker, which was heartily applauded. The concert was now in full swing, and the room filled rapidly. Mr. Miller appeared and passed away all too soon. Then Mr. Hicks brought down the house with Somerset's "Song of Sleep." But how can I find fitting words to describe the musical gems which were showered upon us? I will but add this simple testimony, that when I returned from the "Ship" (where I had been to see the time) I found that my eyes grew dim and I wept—aye wept—salt tears of pure delight. Programme:—

PART I.—Pianoforte and Banjo Quartette, "Washington Post," Misses Rudge, Hazelwood, Williams and Mr. McVicker; Song, "Who is Sylvia," Mrs. Hutchinson; encore, "Annie Laurie"; Banjo Duet "Darkies' Dawn," Messrs. Cary-Bullock and McVicker; Song, "Song of Sleep," Mr. T. Hicks; Song, "Little dark brown Son,'

Miss Williams; Recitation, "Anecdotes," Mr. A. A. Miller; Song, "Ring out, wild Bells," Mrs. Hutchinson; encore, "Lucia"; Quartette (Banjo and Pianoforte), "Sunflower Breakdown"; Song, "Star of my Soul," Mr. T. L. Jackson; Song, "I want you, my honey," Miss Hazlewood; Banjo Solo, "L'Americaine," Miss Carlotta Rudge; encore, "Gigue en Mi"; Musical Sketch, "Pantomime Sketches," Mr. P. H. Lulham; Duet, "I'm in Love with the Man in the Moon," Messrs. T. Hicks and F. G. Thomas.

PART II.—Banjo and Pianoforte Quartette, "Schaeffer's Jig"; Song, "Thy Sentinel am I," Mr. Davis; Song, "The Cabin Door," Miss Williams; Musical Sketch, Mr. W. C. C. Pakes; Banjo Duet, "Darkies' Patrol," Messrs. Cary-Bullock and McVicker; Banjo Solo, "Galop de Concert," Miss Carlotta Rudge; Song, "Oh, promise me," Mr. H. T. Hicks; Banjo and Pianoforte Quartette, "Espanola"; Song, "Big Ben," Mr. A. W. Ormond; Song, "Swannee River," Miss C. Hazlewood. "God save the Queen."

STEPHEN WARD.—In Stephen ward an entertainment had been arranged by Mr. and Mrs. Martyn Van Lennep, which included, besides songs and recitations, the additional attraction of a Comedietta. The north end of the ward had been curtained off and provided with a platform and footlights, resulting in a very decent little stage, which lacked that general bugbear of makeshift theatrical managers—instability.

Mrs. Hutchinson opened the entertainment by singing "Annie Laurie," giving as an encore "Lucia." Mr. and Mrs. Van Lennep next sang an original duet, "All upon a summer's day," which was very heartily received. Mr. Allport sang "Sister Mary walks like this," much to the delight of the juvenile members of the audience, who yelled with laughter at his droll attitudes. Then when Messrs. Handson and Miller had sung, the curtain went up on "Bubbles." Of course, as in all these little comedies, the characters were improbable and the plot impossible, but one forgives these little faults in a comedietta. The plot is simple. A wealthy pork butcher, of no education, allows his son, an arrant snob, to apply for a great number of shares in a bubble Balloon Company. The chairman of this company, Sir Thynngummy Tallboy, who serves as decoy for the company, possesses the usual proud and beautiful daughter, with whom Bob, the pork butcher's son, is in love. The Baronet encourages Bob in his suit, and promises his help. To this end, he calls with his daughter on Mrs. Pork-Butcher, and after behaving in a manner worthy of an American policeman, leaves Bob and his daughter together. Of course she, metaphorically, sits on him, and after curling him up with a few well chosen words, leaves suddenly with her father. Then follow a few recriminations between Bob, Mr. and Mrs. Pork-Butcher and neice, in the midst of which a telegram arrives announcing that "Transatlantic Balloons" have dropped and that a heavy call is expected.

Sir Thynngummy seems to have been waiting outsid to see the first effect of his telegram, for he immediately comes in and is told by Bob that he shall receive cheque for the balance in an hour. "Here is the sum thrice told" sort of business, don't you know. But Mr. Pork-Butcher, whose business instincts are of a remarkable order, here steps in and says that although he understands little besides pork, yet he knows enough to point out that this Balloon Company was unregistered, and that Sir Thynngummy can whistle for his money.

Bob then falls on the neck of his cousin, who has loved him all the time, and all ends happily.

Mr. Arthur Herbert, as Christopher Hogg, played the part of the pork butcher with plenty of broad humour. Mr. Powell, as the Bold Bad Baronet, was decidedly good, while Mr. Champness made the most of a rather thin part. Miss Milligan, who played Polly, a pretty brunette, showed considerable dramatic powers, her scene with Hogg Senior being capital. Mrs. Hogg (Miss Wheeler) was a trifle over-drawn, but the "female comic relief" is always a most difficult part to play without exaggeration. Mr. Cecil St. John's part was almost entirely a thinking part, and as such gave little scope to his powers. Miss Agnes Covell made a most charming Adèle, and, although cut down to a very few lines, spoke and acted in a thoroughly realistic manner.

After this comedy Mr. and Mrs. Van Lennep sang a humorous duet, which was of the mock cantata order, and really very funny. As an encore, "Two Gay Owls," was given.

Mr. Adrian Clifford then gave a stump speech which teemed with real humour. He evoked roars of laughter from his audience, and it was a pity that the lateness of the hour prevented him from appearing again. Finally, the proceedings terminated with a recitation by Mr. Goldsmith, "Kissing Cup."

PROGRAMME.—Song "Annie Laurie," Mrs. Hutchinson (encore "Lucia"); Vocal Duet, "All upon a Summer's Day," Mr. and Mrs. Van Lennep; Comic Song, "Sister Mary walks like this," Mr. A. Allport; Song, "Angels Guard Thee," Mr. L. E. Handson; Comic Song, "Guessing at the Ball," Mr. A. H. Miller. A Comedietta in one Act entitled "Bubbles," by Charles Fawcett. Persons of the Drama—Christopher Hogg (a retired pork butcher), Mr. Arthur Herbert; Bob (his son), Mr. T. Champness; Sir Thynngummy Tallboy, Bart. (Chairman of the Transatlantic Balloon Company, Ltd.), Mr. Llewelyn Powell; Smees (a servant), Mr. Cecil St. John; Adèle (Tallboy's daughter), Miss Agnes Covell; Polly (Hogg's niece), Miss Florence Milligan; Mrs. Hogg, Miss Edith Wheeler. Scene—Hogg's Villa at Brixton. Conductor, Mr. Van Lennep; Stage Manager, Mr. W. Lane Brown. Recitation, Miss Ella Hunt; Humorous Duet, "Little Jacky Horner and his Christmas Pie," Mr. and Mrs. Van Lennep; Stump Speech, Mr. Adrian Clifford; Recitation, "Kissing Cup," Mr. Goldsmith. "God save the Queen."

In the evening of December 29th, a large and enthusiastic audience assembled to hear and to be amused by the concert in Job ward. The programme of which was made up by Dr. Handley.

The ball was set rolling by a banjo duet by Messrs. Hills and Shepherd, followed by an excellent rendering of "Absent yet Present" by H. J. Starling. Next came selections from Schubert and Beethoven by a "string" quintet—earning a well-deserved encore. At this point, Mr. and Mrs. R. Clement Lucas entered the ward, and taking their seats were greeted with enthusiasm. The next "turn" was given by Mr. Stanley Graham and may be called "the" one of the evening—his humourous parody of "Who's that a'calling" receiving such rounds of applause, that he had to be called back to give an encore. After a pretty song by Mrs. Owen, the audience were again convulsed by Mr. Miller's "The Way it's done," the song being exemplified by impersonations of dances *à la* Arthur Roberts. This was followed by "On a Sunday morning"—a west-country song beautifully sung by Mrs. Parry. While Mr. Cazenove finished the first part of the programme with "The Mother and the Child."

After the interval for tea, Mr. Brickdale gave a selection on the violin, followed by "The Promise of Life" by Mr. Coulson. Miss Jocelyn-Swan was greatly appreciated in an excellent rendering of Bingham's "Harvest Time," after which Mr. Graham gave "You shan't Play in our Yard," and, as an encore, "Little Brown Stocking." Mrs. Parry then gave "Dolly," and the programme ended by a duet by the Messrs. Coulson. Before the audience dispersed, Mr. Lucas, in a characteristic speech, thanked those ladies who had helped in amusing the patients, and was sure by the prevailing enthusiasm that the concert was nothing but a great success. His only regret was that the ever-popular Sister Job had not contributed to the programme as last year.

The Job concert may be said to have been among the most successful of the series, the large audience expressing the greatest appreciation of everything done for their amusement. The whole was concluded by all joining hands and singing "Auld Lang Syne."

NAAMAN.—The concert in Naaman passed off very well on Boxing Day. We noticed with pleasure the number of patients from other wards, who all obtained seats in the front, and thanks are due to Sister Naaman for this. Things went with a good swing, and everyone present enjoyed the evening. Miss White sang "Doom, doom, doom," and with her sisters, "Nursery Rhyme Quadrilles," and each time brought down the ward with applause. "The Low-backed Car," sung by Miss Edyth Unwin, was very popular, as also were "A May Morning" and "When all the World is Young." The recitations were very good, "Mad Marie," by Miss Price, and the "Jackdaw of Rheims," by Mr. S. Unwin. The duel scene from Sheridan's "Rivals" was cleverly and spiritedly done by Messrs. W. and S. Unwin. Mr. Hicks was in good form and scored a most popular encore with the "Swannee River"; he also sang the "Song of Sleep," which is always good from him. The other items were songs by Mr. Marquis, Mr. Delbruck, and Mr. Starling; sketches by Mr. Cock; violin solos by Mr. Shenton, and two pieces by the band under Mr. S. Unwin. The best thanks of the patients and others present are due to all who took part and made the concert such a success. The Misses White came, we hear, in spite of great inconvenience, and the audience evidently appreciated their good deed. Miss Ethel Unwin and Mr. Cazenove accompanied most successfully.

MARY looked its (or should it be "her") best on the evening of December 29th, the date on which the concert arranged by Messrs. Edwards and Tyson took place, to the extreme enjoyment of all present. Though not the best ward in the hospital for the purpose, seeing that the hall is practically the only portion of it from which the audience can view the performers, yet by dint of careful packing a goodly number of patients and others spent a very happy couple of hours. The programme, which unfortunately we have not got complete as regards titles, consisted of nineteen items, with several encores. Mr. Parrott's "King's Courier" was a most fitting opening song. He was followed by Miss Chantler with a tasteful pianoforte solo. Mr. Davis' "Yeoman's Wedding Song" was greatly appreciated. Then came Mr. Collins' "French Song," which muchly amused all. Mr. Soper's violin solos need no eulogy at our hands, and the same applies to Mr. Lulham's ever-enjoyable musical sketch, "At the Pantomime." A novel and capital item was Miss Hylda Cock and Miss Bray's banjo duet. And then followed Miss White with a song, the title of which we missed, but this made no difference to the enjoyment of her singing. Mr. Miller's "Guessing at the Ball" went as well as ever, and Miss Miller's "Four-horse Sharrybang" was the best comic song we have ever heard a lady sing. A demonstration of the Sister Mary's method of perambulation, by Mr. Allport, to the intense amusement of all, especially the little ones, brought the first part to a conclusion. After refreshment, Mr. Jackson sang, in his usual fine form, and was followed by Mr. Lulham, with another short sketch. Mr. Lewis' "To Horse" was just the song for the occasion, and the audience, and went capitally, and the same applies to Mr. Stanley Graham's "Whose that a' Calling." Mr. Cock's sketches were quite up to their usual high standard. And then followed, perhaps, the jolliest item of all, namely, the Musical Nursery Rhymes, sung by the Misses White. Songs by Mr. Parrott and Mr. Stanley Graham, brought the programme to a conclusion. To Sister and the rest of the staff of the ward for the kindness and hospitality extended ungrudgingly to all present, the very best thanks are due.

The concert appertaining to BRIGHT ward was a very delightful entertainment. It was held in the Governors'

Court Room on Saturday, January 2nd, at a quarter to eight in the evening; the stage used by the Disguysed two days previously being thus available. It was tastefully decorated, the place of the orchestra being taken with advantage by a row of plants and Japanese fans. Amongst those present, besides local celebrities on the medical, nursing and students' staff, were Mr. Burdett, Mr. Hankey and Mr. Josephs. The last, by the way, is engaged in organizing a scheme for nursing patients after leaving the wards at Guy's, in connection with the St. Olave's branch of the Queen Victoria Jubilee Institute for Nurses. A large number of old Bright patients were present. Refreshments were served during the interval in the Treasurer's dining-room, which had been kindly lent for the occasion. The concert was a very great success, but the fog was responsible for the non-appearance of some of the performers, perhaps also for the fact that some of the performers sang rather flat. The performance was most excellently and carefully arranged, and Sister Bright and Mr. Carpmael made most kindly and attentive hosts. Messrs. Strugnell, Hicks, Stanley Graham and Raaschou and Mrs. Shaw were amongst the best performers. The programme was as follows:—

PART I.—Pianoforte Solo, "Pierrette" (*Chaminade*), Mr. W. R. Cazenove; Song, "The bird and the rose" (*Amy E. Horocks*), Mrs. Rowe; Song, "Angels guard thee" (*Benj. Goddard*), Mr. L. E. C. Handson; Song, "Long ago in Alcala" (*Messager*), Mr. Arthur Strugnell; encored, "The devout lover" (*M. V. White*); Song, "Shadowland" (*S. Adams*), Miss K. Goodwin; Song, "Little brown stocking" (*Stanley Graham*), Mr. Stanley Graham; Violin Solo, "Simple Aven" (*Thorné*), Miss R. Bowditch; encored, "Moto-Perpetuo" (*E. Germam*); Song, "Oh, promise me" (*R. de Koven*), Mrs. Rowe; Song, "Richard of Taunton Dean" (*Somersetshire*), Mr. Arthur Strugnell; Song, "A Summer night" (*A. Goring Thomas*), Mrs. Shaw; Song, "Can't live without you any more," Stanley Graham. Interval of half-an-hour.

PART II.—"A Song of sleep" (*Lord H. Somerset*), Mr. H. T. Hicks; Song, "Sleep, my love, sleep" (*Sullivan*), Miss K. Goodwin; Song, "Who's that a calling" (*Elvin*), Mr. Stanley Graham; encored, "To Brighton" (*after R. G. Knowles*), Mr. Stanley Graham; Violin Solo, "Andante from Concerto in G" (*Mendelssohn*), Mr. T. Raaschou; Song, "The jewel of Asia" ("Geisha") (*Sydney Jones*), Mrs. Shaw; encored, "Uncle John" (*F. E. Weatherley*); Song, "Ho, Jolly Jenkin" (*Sullivan*), Mr. Arthur Strugnell; Pierrot Troupe.

A delightful concert took place in LUKE ward on Thursday, December 31st, beginning at 5 p.m., despite the counter-attraction of the great entertainment in the medical building. Mr. Osborne Grout was particularly appreciated, but the whole programme was eminently successful and reflected great credit on its organiser, Mr. Onraet.

PART I.—Pianoforte Solo, "Balmoral" (*Jules de Sivrai*), Miss Maud Lee; Song, "Lovely Spring," Miss Reydon Porter; Violin Solo, "Romance" (*Svensden*), Mr. Denman Groom; Song, Miss Frazer; Song "When the heart is young" (*D. Buck*), Master Frederick Pedgrift (*the eminent boy soprano*); Recitation, Mr. J. O. Grout; Song, "Bid me to Love" (*D'Anvesgne Barnard*), Mr. John Denman; Pianoforte Solo, "Deuxieme Mazurka" (*B. Goddard*), Mr. Albert Denman, A.R.C.O.; Song, Miss Withers; Song (Comic), Mr. R. T. Fitz-Hugh; Violin Solo, "Bolero" (*Danela*), Miss Offor.

PART II.—Pianoforte Solo (*a*) "An Den Frühling" (*Greig*), (*b*) "Alla Tarentella" (*J. L. Roeckel*), Mr. Albert Denman, A.R.C.O.; Song, "Sunshine and Rain" (*Blumenthal*), Miss Withers; Recitation, Mr. J. O. Grout; Violin Solo, "Mazurka" (*Wieniawski*), Mr. Denman Groom; Song, "For all Eternity" (*Mascheroni*), Master Frederick Pedgrift; Song, Miss Porter; Song (Comic), "The 'Bus Conductor," Mr. A. N. Wimperis; Song, "Anchored" (*Michael Watson*), Mr. John Denman; Song, "Where Leafland lies" (*Leoni*), Miss Becher; Song, "Sometimes" (*Stanley Forbes*), Miss Nellie Sharman.

We regret that the promised reports have entirely failed to reach us in the case of the concert arranged in the Eye wards. It was held on Monday, December 28th, at a quarter to six, and was arranged by Mr. Levick, who had brought a large number of ladies and gentlemen to provide an entertainment, which, as we can say from personal experience, was very much appreciated.

Theatre Royal, Kingswood.

ON Tuesday, January 12th, a deputation of the Disguysed Minstrels went through a most successful triple bill—they enjoyed the hospitality of the Treasurer, they delighted a Surrey audience, and they contributed two-thirds of the programme at the above theatre, which is, we believe, also locally known as the Board School. The minstrels possess the two most important qualities—good voices and good spirits. To be critical, they want but one adjunct, the nigger with the voice of a girl, whether an alto degeneration or a falsetto of cultivation we know not; but it is extremely useful in part-singing in the chorus, and it invariably laments in a dirge, the decease of a "Willy," and exhorts the audience "to shut up the shutters." We hope the minstrels will acquire this aid—surgically or otherwise. Of the programme, which we give in full below, special praise should be given, in primis, anglice, in the first part, to Mr. H. McD. Parrott; and it is only that the praise may be special, and to avoid dealing with all the others, that we do not individualise the rest of the performers.

In part two, we will allow ourselves to grant, *honoris causâ*, a double first, to the "Inventions" of Mr. J. E. Collins and to the "Hamlet, or the Dress Rehearsal" of Messrs. W. R. Cazenove, Arthur A. Miller and A. Allport. May we venture to make a few criticisms on the Dames in Daguerreotype and the Ophelia of the Ohio? They were funny, very funny, but we believe they are more,

they are clever comedians; and we humbly suggest that a closer burlesque of one or two of the best known scenes or situations, after Mr. Miller has explained the scene or situation as he most quaintly would to Ophelia Allport, whose criticisms and comments thereon would be, we are convinced, forcible and emphatic, would improve the sketch by giving it a more definite scheme. At present the sketch is somewhat like a jelly—a very good jelly, shaking the sides right merrily, but it has somewhat lost the shape of the original mould. The Disguysed Minstrels have done so well that a high compliment is certain to be paid to them; they will be expected to do better. Let them, therefore, cultivate the language of Sambo. The delightful gurgling laugh is there, also the catch of the breath and the long-drawn syllables, but every now and then, be it Bones or Massa Tambourine, there is a lapse into the manner of the *raconteur* of the smoking-room and the style of the post prandial orator.

To sum up, however, these two portions of the programme were, in two words, a decided Reasided success. After an interval, which allowed the minstrels to perform ablutions, internal and external, came "Poor Pillicoddy," which, for eight and forty years has held its place as a farce of the first order. As Mr. Pillicoddy, Mr. Lionel Bethell made a great hit. He played the newly-married man in the happiest vein, with a conviction suggestive of experience, while Mr. Bethell, as Sarah, proved that personal charms can cancel the vexations of arithmetic, and she may put down one to her score, and carry on our best wishes for her next appearance. Mr. Harry Hambro, as the colossal mariner, shivered his timbers with a breeziness worthy of the O'Scuttle in quest of his wife, while that lady gave clear indications of her power to stand up to, and to annihilate any Jennie of her own species. If in one scene she was not sufficiently in the dark, that was no fault of hers; in her bewilderment she was essentially mazey. It is, of course, *comme il faut* that a nurseryman should be married, and therefore, there is a Mrs. Pillicoddy. As played by Miss Brand, she was worthy of every bonnet ever devised, and rendered John Peter's infatuation reasonable, in as much as neglect would have been criminal.

If we may say so, it seemed to us, unless our memory, is at fault, that Maddison Morton was not answerable for some of the sentiments of Pillicoddy; but no undue liberties were taken, and the piece was performed in correct time—a true test of efficiency.

PART I.—Overture, W. C. C. Pakes; Opening Chorus, "Eighteen Days in Georgia," The Troupe; Song, "Yolah," H. McD. Parrott; Comic Song, "I've got the Ooperzootic," A. A. Miller; Song, "Coon Song," H. J. Starling; Comic Song, "Wait till de sun am hot upon de head," J. E. Collins; Song, "Dinah, dear Dinah," T. L. Jackson; Comic Song, "Rhoda," W. R. Cazenove; Song, "Whisper, and I shall hear," L. E. C. Handson; Comic Song, "The Dandy Coloured Coon," A. Allport; Song and Chorus, "It was a Liner," H. McD. Parrott.

PART II.—Recitation, W. C. C. Pakes; Stump Speech, "Inventions," J. E. Collins; Banjo Song, C. E. Michael. This concluded with a new and original tragedy, entitled, "Hamlet, or the Dress Rehearsal." Perpetrators, Mr. Marcus Barrettstein (a theatrical manager), W. R. Cazenove; Mr. Sherbert Gingerbeerbohm (a tragedian), Arthur A. Miller; Madamoiselle Lene Bumblefoot (a tradegianess), A. Allport.

PART III.—"Poor Pillicoddy," a farce by J. M. Morton. Mr. Pillicoddy, Mr. Lionel Bethell; Captain O'Scuttle, Mr. H. Hambro; Mrs. Pillicoddy, Miss Brand; Mrs. O'Scuttle, Miss Bonsor; Sarah Blunt, Mrs. Lionel Bethell. Scene—Pillicoddy's Nursery Grounds.

Sport.

Association Football.

GUY'S 1ST XI. v. CROYDON PARK.

Played at Honor Oak Park on Saturday the 9th, and resulting in a win for Guy's by three goals to two. Considering the weather and heavy state of the ground, the game was exceedingly fast and exciting; the Park were the first to score, but Humphry immediately after made the scores equal; about a minute before the interval the same player gave the Hospital the lead.

The greater part of the second half the Hospital had slightly the best of the exchanges, and Hughes added to our advantage. During the last ten minutes, the Christmas vacations, and the heavy state of the ground, began to tell on many of our team, this gave Croydon a good opportunity of scoring, which they did about a minute before time. Crosby, Hughes, and Humphry were the pick of the team. Team:—

GUY'S.—H. M. Barker (goal); W. M. Robson and E. Longhurst (backs); R. W. Hall, J. G. MacAlpin, A. E. Crosby (half-backs); P. S. Mandy, R. H. Swan, A. Hughes, L. Humphry and C. F. Whitcombe (forwards).

GUY'S 2ND XI. v. CROYDON PARK (reserves).

Played on the 9th at Croydon, and resulted in a win for Guy's, scores being five to two. The ground was not so heavy as might have been expected, and a keen game was fought. The home team having won the toss, Davis started the leather for Guy's, and within a few minutes Chandler scored our first point from a scrimmage in front of goal. A second point quickly followed, Ash, coming down the left, centred, and Davis netted in fine style. After this there was a lull which ended by the home team waking up and scoring from a fine shot, but in response, Guy's worked up, and Ash scored at close quarters. Soon afterwards Davis again non-plussed their custodian with a good shot. Half-time followed, the scores standing four to one in our favour. The second half was less lively, each side only scoring a goal, Camps scoring for us with a hot shot, on two other occasions both Camps and Ash were near scoring. Our forward line was strong. In the defence Dunston, D. G. Greenfield and J. Turner were conspicuous. Team:—

GUY'S.—R. Thomas (goal); J. Turner, V. Smith (backs); Dunston, D. G. Greenfield, G. G. Greenfield (half-backs); P. Camps, G. Chandler, C. Davis, J. Ash and F. Hughes (forwards).

In view of the forthcoming Cup Ties, especially as there are three within the next twelve days, viz:—Kenley (to-day), Weybridge 23rd, University Hospital 26th, a few words of advice would not be amiss. First and foremost training is the most essential thing, and it is to be hoped that the whole team will make it a point of going down to the ground at least twice a week (Tuesdays especially, and either Wednesdays or Thursdays at 4 p.m.—I believe these were the days recommended by the Committee); also they could not do better than spend half-an-hour a day in the gymnasium, making good use of the skipping-rope.

The combination of the forwards has greatly improved in the last few matches, but they are still very weak in front of goal, their shooting lacks sting and accuracy, which could easily be remedied with a little practice. Whitcombe must learn to centre with his left foot, and also to pass slightly in front of his inside man instead of behind him.

Our half-back line is the best part of the team; both their offensive and defensive play is very good, the only fault to be found is that the halves and full-backs do not work well together. The backs are rather erratic, at times playing brilliantly, at others, not up to their usual standard; up to the present we have had too many mis-kicks, and hope in future they will try and do without them.

I am quite sure that every member of the team will try and do his best, and play his very hardest every minute of the game, and try and win at least one "pot" (the Hospital one for choice) if not all three.

"A SOCCER CROCK."

Rugby Football.

GUY'S v. CATFORD BRIDGE.

Played at Honor Oak mud baths on Saturday, January 9th. Owing to the state of the ground it was at first doubtful whether the game could be played; however, on inspection the referee decided that play was possible, so both teams turned out, though it was three-quarters of an hour late when the start was made.

Catford Bridge kicked off, and following up well kept the ball in the home twenty-five. After a few minutes' play, the Catford forwards with a good rush carried the ball over the line, and Helder scored; the place kick failed. After the kick out play was still confined to our twenty-five, the Guy's forwards being several times badly rushed, and from a scrum near the line Helder getting possession again scored; the place kick was successful. After this the Guy's forwards woke up and with a good dribble carried the ball up the field, Morgan dribbled over the line, and Rae scored; the place kick failed. Play was even up to half-time when the score was—

CATFORD BRIDGE	...	1 goal 1 try.
GUY'S	... ...	1 try.

After half-time Gibson kicked off—at least attempted to. It has been found since it will be necessary to have the spot re-turfed. It is impossible to describe the play, as it consisted of a series of scrums and dribbles in the mud, proper football being out of the question. There was no further score, and Catford Bridge won by one goal and one try to one try.

GUY'S v. CROYDON.

Played on Wednesday last, 13th inst., at Croydon—since the Hospital ground was in too bad condition for play. Guy's was well represented—Dudgeon and W. I. Hancock taking the places of Wetherell and Goddard; Croydon, on the other hand, was without some of their usual team. The ground was in excellent condition, considering the recent bad weather, and a good and exciting game was witnessed by a fair number of the home team's supporters. Guy's won the toss, and Croydon kicked off against the wind. The Hospital quickly reached the home 25, and from a scrum the ball was pressed out by Hancock, and a short passing run ended in Hunter getting in rather wide out about five minutes from the start. The place kick, like the subsequent ones, failed, Very shortly after Alexander got over but the referee would not allow the try. Croydon then assumed the aggressive, and chiefly owing to smart single-handed work by Hubbard, play was transferred to the other end. After some give-and-take play, during which the "tackling" of certain of the Hospital backs was painfully weak, the home forwards got close up to the Hospital line, and Wyatt, getting possession, barged over in a fairly good position, but a good attempt at improving just failed. No further scoring occurred before half-time, when the score was—

GUY'S	... ...	1 try.
CROYDON	... ...	1 try.

Against the wind we expected a bad time, but the forwards played splendidly, packing and heeling better than they have ever done before this season, and thus gave the backs excellent chances. Gwynne kicked off, and play for a time was confined to midfield, until a loose dribble by the Hospital backs ended in Walker touching the ball down wide out. This was followed soon after by Rae getting off in midfield, and, sprinting splendidly, gave Hancock the ball on reaching the Croydon back, and he had no difficulty in scoring the third try. Meanwhile Croydon had some glorious opportunities of scoring, and could twice have got in for certain had not their wing three-quarters mulled the passes. Alexander once saved magnificently, picking up the ball from the feet of the Croydon forwards when close to the Hospital line, and finding touch below the twenty-five flag. The game continued extremely fast, and Cohen and Dudgeon, by a good dribble, got within a few yards of the home line. Here the ball got loose until Dudgeon regained possession, and passing out to Walker, the latter got in within a few yards of the posts. Morgan's kick just went outside.

Croydon frequently were dangerous, but could not penetrate the Hospital defence. Morgan hereabouts put in a splendid run over half the length of the field, and tricking two of the home backs, was almost over when tackled and brought down. Soon after the Hospital gained its fifth try through Hunter's agency, after a run by Alexander, and the kick again failed, as the ball, through striking the cross-bar, fell the wrong side. Time was soon afterwards called, when the Hospital was attacking. Result:—

GUY'S	...	...	5 tries.
CROYDON	...	...	1 try.

REMARKS.—The result was eminently satisfactory. The forwards out-played the home pack easily, both in the loose and in the scrums. Dudgeon's presence seemed to have a marvellous effect, as the old faults of heeling out at the side of a scrum, kicking the ball over to the opposing forwards, and so on, though occasionally committed, were much less in evidence than usual. Cohen, Dudgeon, Traill and Gwynne showed up splendidly. Hancock at half, was in excellent form. Walker has not yet learned to tackle properly, and gave one beautiful pass to a Croydon three-quarter, who nearly got in from it. The three-quarters were all good; Hunter's useful kicks, Alexander's tackling, Rae's pace, and Morgan's general all-roundness being noticeable throughout. A lot of praise is due to them for their excellent defence. Ransford, though tackling well, was not in his usual kicking form. Of the Croydon men, the full back and wing three-quarter were most noticeable, but not for their good play. Pretty and Hubbard at half were the best of the backs, and Myatt and Joyce of the forwards. Our place kicking was execrable, but there was rather a wind to kick against. Team:—

GUY'S.—A. C. Ransford (back); F. L. Rae, K. B. Alexander, T. Morgan, F. S. Hunter (three-quarters); W. I. Hancock, F. E. Walker (half-backs); F. G. Gibson, H. D. Traill, H. W. Dudgeon, J. N. Gardner, H. V. Bagshawe, E. Cohen, F. G. Rashleigh, and W. Gwynne (forwards).

Referee, Mr. Clements (L.R.U.S.R.). Touch judge, A. A. Smith.

From the Gazette's Special Pathologist.

NOTICES.

C. D. M., BOURNEMOUTH.—After incubation on blood-serum, the resulting growth consisted of staphylococci only. No Klebs-Löffler bacilli could be detected.

J. R. A., SHERBORNE (No. 1).—Reaction acid; sp. gr. 1012; blood and sugar absent; albumen, a trace. Microscopic examination of the centrifugalised deposit shows the presence of very large numbers of spermatozoa, together with a few granular leucocytes and some crystals of calcium oxalate. Neither tube-casts nor renal epithelium could be detected; nor do we consider the amount of albumen present greater than would be accounted for by the quantity of seminal fluid contained in the specimen.

J. R. A., SHERBORNE (No. 2).—Reaction, hyper-acid; sp. gr. 1026; blood and sugar absent; albumen, a minute trace. Microscopic examination of the centrifugalised deposit shows the presence of a fair number of renal tube-casts, chiefly of the granular variety, though some hyaline are also seen. Spermatozoa and crystals of calcium oxalate are also present.

S. H., ASTWOOD ROAD.—Reaction, alkaline; sp. gr. 1016; blood and sugar absent; albumen, a considerable amount. Microscopic examination of the centrifugalised deposit shows the presence of a few pus-cells, triple phosphate crystals, and irregular crystals of phosphates of lime and magnesia. No tube-casts nor renal epithelium were noted. No tubercle bacilli could be found.

A. H., BLISWORTH.—The specimen attached to the little finger of an infant is an abortive extra digit. It is composed of œdematous fœtal connective tissue, and has in its centre a minute nodule of hyaline cartilage. The skin covering it is thinned by distension. There are many sweat glands present, but no sebaceous glands were seen.

H. H. BLISWORTH.—The portion of stomach showed two distinct chronic ulcers. On microscopical examination it was found that the muscular coat was exposed in the base of the ulcer, and there was much surrounding inflammatory change, but no evidence of malignant disease.

E. W., COLCHESTER.—The tumour of the breast is a typical scirrhus carcinoma.

G. W. M., HOLBORN.—No tubercle bacilli could be found in the sputum.

H. A. L., SWANSEA.—No tubercle bacilli could be found in the sputum.

E. W. H. H., SHORTLANDS.—After incubation in blood-serum the resulting growth consisted of Klebs-Löffler bacilli.

C., WINDLESHAM.—No tubercle bacilli could be found in the sputum, which contains a fairly large number of streptococci.

T. H., REIGATE.—The specimen shows a healed gastric ulcer with much fibroid induration beneath it. But there is no evidence of malignant disease.

PATHOLOGIST.

Births.

AUDLAND.—On December 30th, 1896, at Oxford Street, Wellingborough, the wife of W. E. Audland, M.R.C.S., L.R.C.P. Lond., of a son.

HOWARD.—On January 1st, at Walworth Road, S.E., the wife of John A. Howard, M.D. Lond., of a son.

JACKSON.—On December 25th, 1896, at 216, Great Dover Street, S.E., the wife of Philip J. Jackson, M.R.C.S. Eng., of a daughter.

BOWDEN.—On January 3rd, at Roseneath, Reigate, Surrey, the wife of G. H. Bowden, L.D.S., Eng., and Glasg., of a son.

HOLMAN.—On December 11th, at Hoathly Lodge, Eastbourne, the wife of Henry J. Holman, of a daughter.

Marriage.

BAKER—DAVIES-COLLEY.—On New Year's Day, at St. Andrew's, Well Street, by the Rev. Prebendary Turner, Rector of St. George's-in-the-East, uncle of the bride, assisted by the Rev Ernest Baker, twin brother of the bridegroom. Cecil Cantley Baker, to Frances, eldest daughter of N. C. Davies-Colley, M.C., of 36, Harley Street, W.

ED.—F. E. F.

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Calendar of Coming Events.

Jan. 30.—Mr. Lucas's take-in; Ds. G. E. Richmond and H. J. Starling; Cl. C. Jephcott.
1.15 p.m., Clinical Lecture by Dr. Pitt.
G. H. R. F. C.—I. R. I. E. C., away.
II. St. Bart's, home.
III. U. C. S. Old Boys II., away.
G. H. A. F. C.—I. Weybridge (Surrey Cup Tie), away.
II. Old Cranleighans, away.
7.30 p.m., Debate, "That even in literature fact is stranger than fiction."

Feb. 2.—4 p.m., Clinical Lecture by Dr. Galabin on a "Case of Retention of Menses in an Abnormal Uterus."
4 p.m., Annual Meeting of Swimming Club.
" 3.—1.30 p.m., Clinical Lecture by Mr. Golding-Bird.
G. H. R. F. C.—III. St. Mary's, away.
G. H. A. F. C.—I. Newbury, away.
II. St. Mary's Hospital, away.
Mr. Golding-Bird's take-in; Ds. R. T. Fitz-Hugh and H. D. Peile; Cl. C. E. Michael.
" 4.—4.30 p.m., Christian Union—Address by Rev. E. Rae.
" 6.—1.15 p.m., Clinical Lecture by Dr. Pitt.
G. H. R. F. C.—I. Marlboro' Nomads, away.
II. Beckenham, away.
III. Beckenham, home.
G. H. A. F. C.—I. Ewell, away.
II. Beckenham, home.
8 p.m., Physical Society—Paper by H. J. Starling on "The Röntgen Rays."
" 9.—Meeting of Dental Society, 4.30 p.m.
" 10.—Mr. Howse's take-in; Ds. W. P. Grellet and C. A. C. Salmon; Cl. V. E. Collins.
1.30 p.m., Clinical Lecture by Mr. Golding-Bird.
G. H. A. F. C.—I. Mid Kent, away.
II. St. Thomas's, home.
" 11.—Christian Union—Address by W. Dudgeon, Esq., 4.30 p.m.
" 13.—1.15 p.m., Clinical Lecture by Dr. Pitt.
G. H. R. F. C.—I. Kensington, away.
II. U. C. S. Old Boys I., home.
III. Blackheath Prop., away.
G. H. A. F. C.—I. Idlers, home.
II. Kenley, away.
7 p.m., Dental Society, Dinner at Frascati's.

Guy's Hospital Gazette.

JANUARY 30, 1897.

The Proposed Central Board for Hospitals.

ON June 9th, we published an account of two schemes, the one put forward by the Charity Organization Society and the other by the Hon. Sydney Holland, designed to promote reform and co-operation amongst the hospitals of London, and we gave it as our general opinion that if such a board had control of a considerable part of the public charitable purse, it could and in all probability it would do no little good in the direction intended. The former scheme has now advanced a step in a meeting of the council of the society, held on the 25th instant, at which a general committee was elected of one hundred and forty-eight medical and lay philanthropists, to promote the establishment of the board in question.

It is, perhaps, a point of minor importance that this committee seems to us far too large to settle so difficult a question. An unwieldy committee does not do its work so well as a handful of picked and intelligent men who have fewer hobbies to distract their attention from the main points at issue. It is also a minor point that the list of names, although including Mr. Bryant from our consulting staff, and the Bishop of Rochester, the Hon. Sir Charles Fremantle, the Hon. Evelyn Hubbard, M.P., and Mr. C. T. D. Acland, M.P., from our court of governors, does not include the name of any man who has any considerable knowledge of the present management of Guy's hospital. We may probably rely on the ultimate Central Board, which is to consist of one hundred and sixty-nine chosen representatives on the whole, to represent fairly justly the interests of the respective institutions concerned.

The two chief questions to be considered are whether such a board will be able to arrive at any very useful conclusions, and whether it will be able to promote the adoption of the conclusions at which it has arrived. The former question must probably be settled by the character of the board elected. If its members

are such as to command respect and ensure a complete and impartial judgment, it may, with very great labour and after an experience of many years, arrive at some conclusions of value —for instance, as to the abuse of the out-patient department—which the more liberal-minded hospital managers will endeavour to put into action. The advantages of such deliberation are very indefinite and vague; but they are very likely worth aiming at, at least as an experiment. On the other hand, any power to promote reforms found to be advisable will depend—we blush to say it—on the power of the board to give or withhold monetary assistance. That this method of securing reforms is practicable, is shown by the work of the Hospital Sunday Fund, which has refused to give, for instance, to any hospital that did not keep its accounts on the uniform system found most suitable for purposes of comparison. Thus, for the sake of something under a thousand annually, our own hospital found it worth its while to conform to this rule; and similar reforms might be obtained from the proposed board under similar conditions. Indeed, if only it could put a stop to the development of small special hospitals that are totally unnecessary and are a burden upon the charitable purse, it would certainly have done well. But for the board to be of any use, it must either ensure for itself an annual income of not less than forty thousand pounds a year, or else ensure the adoption of its recommendations by some existing body that has an equal command of the purse strings. We do not believe that a purely deliberative board would at present have any appreciable effect on public opinion. The pressure, however, that is to restrict the abuses of charities of this nature, must be brought to bear carefully without injuring the feelings of the more conservative workers; and it will be necessary that the investigation of the board should be conducted with the consent of the authorities of the charities investigated, who must, therefore, elect as their representatives men whose advice they will to a large extent follow. The larger endowed hospitals will not be much affected by the scheme; we should not be greatly affected by the scheme. It is the smaller hospitals which might in case of abuse be starved into submission or extinction. Coercion, however, must be applied gently, or it will check the flow of private contributions, which are probably better given in a bad cause than not given at all.

The present proposal, we will note, is largely backed by members of the general profession, who rightly hope thereby to secure a reform of the out-patient departments and an increase in their own private practice. In our issue of October 24th, we pointed out the relief of these difficulties that might ensue by some scheme of co-operation amongst medical men, such as that which appeared about that time in the medical and general press. If such a co-operation could be secured, the chief abuses of medical charity would be already greatly checked; and if the establishment of the Central Board could help in bringing about some such scheme of co-operation, we believe that some important measures of reform might be decided on and put into effect. Such an utopian hope, however, is hardly justified by last Monday's proceedings in Whitehall, where the necessity of financial power at the back of the deliberative board was not recognised; and we look forward with considerable scepticism to the further developments of the well-meant but hardly-satisfactory scheme initiated by the Charity Organization Society.

Commentary on Case set at Recent M.D. (London) Examination.

(Given on page 31 in our last issue).

BY ALFRED SALTER, M.D., B.S.

THE salient and prominent points which immediately engage the attention on taking a preliminary survey of the case may be arranged in the following five groups :—

The patient's age —55.

The pronounced alcoholic and syphilitic history.

The chronicity of the illness—the duration being at least fifteen months with a further history of hæmatemesis two years before admission.

The intractable character of the disease and its constitutional accompaniments of progressive emaciation and cachexia, finally terminating in death from asthenia.

The distinctly abdominal nature of the symptoms, viz. :—constant post-cibal vomiting, hæmatemesis, melæna, sternal and epigastric pain, together with emphatic physical signs of gastric trouble.

The seat of the disease, therefore, is undoubtedly within the abdominal cavity, and the following catalogue of signs elicited on the physical examination of the patient indicates that one great organic lesion with which we have to deal is

DILATATION OF THE STOMACH.

(1) Distension of the lower and left half of the abdomen (*i.e.* bulging of a hugely dilated fundus).

(2) "Retraction above the umbilicus," (*i.e.* flattening above the depressed lesser curvature).

(3) The great variability of percussion-effects, there being sometimes extensive dulness and at others

a tympanitic resonance, reaching from the umbilicus to the axilla as high as the seventh rib.

(4) Succussion splash on manipulation.

In addition to these objective changes, certain of the symptoms present are strongly confirmatory of the view that the stomach is dilated, viz. :—

(5) The vomiting "was seldom more than once a day."

(6) The characters of the vomited matters—
Their large bulk (frequently two pints).
The brown frothy appearance (*i.e.* fermenting).
The "extremely acid reaction" (*i.e.* presence of organic acids of bacterial origin —lactic, butyric, acetic, etc.).

(7) The constipation (very frequent in association with this condition on account of the retention of fluids and solids in the stomach).

(8) The temporary improvement under treatment. Such effect is precisely what we should expect as the result of the usual hospital procedure of periodic lavage, which was doubtless practised in this case.

As the first step, therefore, towards ascertaining the exact nature of the primary lesion, we have to consider the various pathological changes which may give rise to dilated stomach.

Now, gastrectasis may be either acute or chronic. The former condition (the rare "acute paralytic distension") may obviously be excluded here, and it will not be necessary to mention it again. The conditions to which the common chronic form may be due may be classified as follows :—

A.—ALTERATIONS OF THE CONTRACTILE POWER OF THE WALLS IN THE DIRECTION OF WEAKENING OF THE MUSCULAR FIBRES WITH CONSEQUENT ABSENCE OF TONICITY AND YIELDING TO NORMAL INTRAGASTRIC PRESSURE :—

(i) General anæmic, marasmic, and cachectic conditions.

(ii) Chronic gastritis, especially if associated with over-eating and over-drinking.

(iii) Chronic overloading, as in the insane, hysterical, and diabetic occasionally; and in gas-stokers, iron-puddlers, etc., the conditions of whose employment necessitate the imbibition of enormous quantities of fluids.

(iv) In neurotic individuals and persons of strong neuropathic inheritance without obvious organic lesion.

(v) In certain individuals associated with pulsating abdominal aorta.

B.—OBSTRUCTION TO THE ONWARD FLOW OF THE GASTRIC CONTENTS :—

(vi) Hypertrophic stenosis of the pylorus.

(vii) Cicatricial contraction of an old peptic ulcer of the stomach at or near pylorus.

(viii) Cicatricial contraction of duodenal ulcer.

(ix) Malignant disease of pylorus.

(x) Malignant disease of duodenum.

(xi) Cicatrices near pylorus from corrosives (very rare).

(xii) Congenital stricture of duodenum.

(xiii) Compression of pylorus from without by—
(*a*) Primary cancer of pancreas.
(*b*) Malignant disease of gall-bladder or bile-ducts.
(*c*) Malignant disease of colon.
(*d*) Malignant disease of omentum.
(*e*) Malignant glands.
(*f*) Floating kidney.
(*g*) Abdominal aneurysm.
(*h*) Malignant disease of suprarenal.

(xiv) Traction and kinking of pylorus from adhesions of old and thickened scar-base of ulcer to structures outside stomach; or tilting up of pylorus by adhesion to liver or gall-bladder with dragging down and kinking of fundus by food-distension.

For our present diagnostic purposes we may here arrange these numerous conditions into three groups and proceed to consider in a general manner each of such main divisions :—

A.—Conditions due to weakening of muscle-wall (i.-v.).

B^1.—Conditions due to external pressure on, or invasion of pylorus from primary disease outside (xiii.*a-h*).

B^2.—Conditions due to obstruction from organic disease of the walls themselves either at or just beyond pylorus. (vi.–xii.).

Group A.—The first criticism which may be offered to the suggestion that lesions included in this group may be at the root of the trouble is that gastrectasis resulting from primary alterations of the muscular power only is *practically never* of so severe or extreme a grade as we have seen to be undoubtedly the case in this patient. We are dealing here with an enormous dilatation of the stomach, while all the conditions under (A) with the exception perhaps of (iii) lead to at most but moderate distension. Further, neither (i), (iii), (iv) nor (v) can explain the constant melæna and hæmatemesis, while (ii) in its simple and uncomplicated form does not give rise to persistent hæmorrhage. We may, then, at once dismiss the whole of this division and proceed to discuss

Group B^1.—As regards the very varied affections comprised in this section it is absolutely necessary in order to explain the whole of the symptoms that we suppose that the compressing agent has not only invaded the bowel wall but also is ulcerating or bleeding directly into the lumen. This *sine qua non* immediately disposes, therefore, of (*f*), though one might also urge the following additional points against a floating kidney being the *causa causans* of the trouble.

(9) The sex of the patient.

(10) The situation of the pain being sternal or high abdominal and never lumbar.

(11) The total absence of a mobile tumour which would almost certainly have been felt if present.

(12) The total absence of urinary symptoms such as sooner or later might be expected to be present

with a freely movable organ, e.g. signs of strangulation, hæmaturia, hydronephrosis or variable periodic alterations in quantity of the urine.

(13) Prolonged persistence of the symptoms and severity of the distension. This objection, however, cannot be regarded as an absolutely valid one, because although floating kidney as a rule produces but slight and temporary dilatation, if any at all (*vide* Osler, p. 390), yet cases have been recorded where the organ has become adherent to the stomach and extreme and ultimately fatal dilatation has occurred (*vide* Path. Soc. Trans. 1882–83). In this connection, as illustrative of the pressure-effects of a displaced kidney, may be mentioned the case, at Guy's last April, of a woman with recurrent attacks of gastrectasis, vomiting and jaundice, due to the intermittent compression of the pylorus and bile-duct by the movable viscus. A kidney has even been known to go so far astray as to involve the ureter of the opposite side, and thus cause hydronephrosis in the other kidney. However, for the reasons above detailed, ren mobile cannot be entertained here for one moment as the possible origin of the condition.

We will now discuss the other lesions in this pressure-group seriatim.

(*a*) This condition, being as a rule very deep-seated, generally gives no *palpable* evidence of its existence. It is, however, well known that pancreatic disease may invade the stomach wall, ulcerate into its interior, and give rise to melæna and hæmatemesis, which latter may occasionally be so severe as to be fatal. (This occurred in a case of Dr. Hale-White's, in Stephen 25, last summer). Cancer of the pancreas, however, is almost invariably localised in the head of the gland, and although in two patients who died in the hospital in 1896 the disease was restricted to the tail of the organ, yet for the purposes of practical medicine such rarities are hardly worth considering, and must be regarded as little more than pathological curiosities. Hence, from the proximity of the bile-ducts and portal vein to the caput, these structures are almost always involved in malignant disease of this organ. The following facts, therefore, seem to exclude (*a*) as a likely cause:—

(14) Absence of jaundice, dilatation of gall-bladder and enlargement of liver.

(15) Absence of ascites.

(16) Absence of marked œdema (from pressure on V. cava). It is true that some pitting of the legs was present on admission, but this was temporary and completely cleared up with rest and treatment, showing that its origin was anæmic or cachectic.

(17) The long duration of the case.

(18) Absence of secondary growths in liver.

(19) Absence of fatty fæces (a rare symptom).

On the whole, from total lack of positive evidence, we are bound to reject the idea of primary pancreatic disease.

As regards (*c*), (*d*) and (*e*), growths in these situations, if sufficiently advanced to invade the stomach, would be sure, sooner or later, to have manifested themselves in the form of an evident tumour; whilst (*e*), if present, would infallibly have been accompanied by jaundice, etc. All three conditions, then, we may confidently put aside.

We now come to (*g*). The different vessels to an aneurysm of which the symptoms of the present case might possibly have been attributable are (i) the abdominal aorta, (ii) the cœliac axis, (iii) the superior mesenteric, and (iv) the hepatic artery. Two of these —(ii) and (iv)—are often very obscure and may give rise for a long time to extreme difficulty in diagnosis. But

(20) The complete absence of any positive signs of an aneurysmal sac (such as pulsating expansile tumour, murmur, thrill, back pain, or spinal tenderness) is almost incompatible with the presence of an aneurysm of sufficient size to occlude the pyloric orifice.

(21) The persistence of the hæmorrhage for such a lengthy period without a final rupture is almost incredible. There is no doubt that an aneurysm may slowly leak for a very considerable time, but a two years' ooze into a hollow viscus without an ultimately directly fatal result seems inconceivable.

(22) And (iv) in any case where a diagnosis is possible is accompanied by jaundice.

We must, therefore, give up the aneurysm theory as untenable.

We have now only (*h*) left to consider in this group. Malignant disease of the suprarenal body is a rare disease which, *if of sufficient extent to invade and compress the stomach or duodenum*, might be expected to—

(23) Give severe lumbar or back pain rather than sternal.

(24) Be palpable either from the front or bimanually in the loin.

(25) Compress the vena cava, portal vein or bile-duct.

(26) Possibly cause hæmaturia or albuminuria.

All these results are wanting, and we therefore think that the likelihood of (*h*) being present is small.

Proceeding now to GROUP B^2, the conditions requiring consideration are (vi), (vii), (viii), (ix) and (x); (xi) and (xii) need only to be mentioned to be immediately dismissed.

(vi) A primary hypertrophy of the tissues of the pylorus, not due to fibrosis from previous ulceration or to neoplasmic infiltration, is scarcely recognized now as a pathological entity. Drs. Shaw and Perry ("Taylor's Medicine," p. 571) found on examining some museum specimens labelled "Hypertrophy of the Pylorus," that the neighbouring lymphatic glands contained cell-nests, indicating that the condition was really one of an extremely scirrhoid form of malignant disease with much connective-tissue and little cellular formation. This practically represents modern opinion on the question, and in the present case we need not, therefore, consider

simple pyloric stenosis as such. Besides, in this particular instance, the lesion will not explain the chronic hæmorrhage even if we regard the term in its original sense.

The diagnosis of the cause of the obstruction is hence narrowed down to either

Cicatrization of an old pyloric or duodenal ulcer, or
Cancer of pylorus or duodenum.

We have already seen that an ulcerating and bleeding surface is absolutely essential for a full explanation of the case, and therefore adoption of the former hypothesis necessitates that in addition to the puckered contracted scar there is also progressive ulceration going on at one edge, that is to say the ulcer is only partially healed. We may, then, restate the problem now before us thus: "Is the obstruction due to

A partially cicatrized *simple* ulcer or } of the pylorus
A *malignant* ulcer } or duodenum"?

On the whole, the theory which seems to suit the case best and to harmonize most completely with the entire story, is that the condition is one of old simple, or peptic ulceration of long standing, upon which malignant disease has been secondarily grafted as the result of the long continued irritation. On this view we can fit in the history of the initial hæmatemesis two years before admission, and it can also be utilized to explain the dysphagia and the late œsophageal symptoms.

The main reason for believing that some malignant disease existed rests in the fact of the progressive emaciation and the asthenic death. The course and termination of the case is a typical picture of internal cancer, and the patient's age also renders this view a likely one. In favour of simple as against malignant ulceration we have (17), (18), (14), and

(27) Absence of any detectable mass or tumour.

(28) Absence of any abdominal rigidity.

(29) Presence of free HCl in the vomit.

All of these difficulties can be got over by supposing that the engraftment of malignant disease was a late phenomenon, and that the seat of the trouble is in the duodenum rather than the stomach. In discussing this final point of localization, the following strong reasons may be put forward in favour of duodenal disease:—

(30) The patient's age and sex. The relative incidence of duodenal ulcer in men and women is stated to be 10:1 (Allchin), 3:1 (Shaw and Perry), and 9:1 (Krause); while the perforating form is as 42:8 (Shaw and Perry). This form of ulceration in the duodenum is also commonest in the middle-aged.

(31) "The sudden, painless hæmatemesis," two years and three months before death, *i.e.* the complete latency of the ulceration until a large branch of the pancreatico-duodenal or other neighbouring artery was opened. The clinical history of the overwhelming majority of ulcers in this situation shows that they are entirely quiescent and without symptoms of any sort until profuse hæmorrhage or perforation into the peritoneum occurs.

(32) The presence of free HCl in the gastric contents. This cannot be dogmatically stated to be contra-indicative of cancer of the stomach, though if the acid is repeatedly discovered in the vomit, such fact is a powerful argument against the existence of the latter disease.

(33) The late occurrence of the vomiting and pain, viz., four to five hours after food.

(34) The inability to detect any palpable tumour speaks rather in favour of duodenum as against stomach, as in the former situation it is unusual that any mass can be made out.

Against duodenal localization we have:—

(35) The rarity of ulceration and still more of malignant disease in this position.

The most exhaustive contribution to the literature on duodenal affections is the article by Drs. Shaw and Perry in the Guy's Reports for 1893. Out of nearly 18,000 autopsy records, together with collected published cases, these writers were only able to find 130 cases of ulceration (other than those due to burns), and 22 of malignant disease. Nine of the latter were sarcomatous, and as this variety of neoplasm leads to dilatation of the infiltrated wall rather than narrowing of its lumen, we may safely exclude it from our calculations. The fact remains, then, that only 13 cases of carcinoma of the duodenum were discovered out of over 17,000 patients dying from all diseases. On the other hand, Brinton's statistics show that gastric ulcer is found in five per cent. of all autopsies, duodenal ulcer occurring, according to the above figures, in only ·4 per cent. In the 130 cases Shaw and Perry found at least five which afforded some reason for the supposition that an ulcer, at first simple, had subsequently become the seat of malignant disease.

(36) The non-involvement of the bile-duct. Both ulcer and cancer of the duodenum are practically always in the first part of the organ above the bile-papilla, and it is generally stated that in the vast majority of cases jaundice is present. Shaw and Perry, however, found obstruction of the common duct in only seven out of the thirteen instances of new growth.

We thus see that the most potent objection to believing that the duodenum was the viscus primarily at fault is the numerical infrequency of disease in this situation. Taking all things into account it seems to us that the diagnosis most warranted by the actual facts of the case is—

Old and partially cicatrized peptic ulceration of the first part of the duodenum with recent superadded carcinoma probably commencing about three or four months before death.

It must be recognized, however, that a similar condition of things at the pylorus is almost equally probable.

There are only one or two further points in the case now left to go over. What was the cause of the œsophageal symptoms during the last few weeks of life? We

might imagine any one of the following conditions to have been present:—

C.—Reflex spasm.

D.—Pressure from secondary deposits in the mediastinal glands.

E.—Do. in the glands situated under the diaphragm near the cardiac orifice.

F.—Spread of the growth along the lesser curvature to the cardia.

G.—Distension ulceration of the cardiac end of the stomach involving the œsophagus.

H.—Complicating independent simple ulceration at the cardia involving the œsophageal aperture.

I.—An independent focus of new growth at the cardiac end of the stomach or in the lower two inches of the œsophagus.

J.—Secondary deposit of malignant growth in the œsophageal wall.

Some of the lesions we can with certainty exclude, though as to the remainder it is impossible to make an absolute and positive diagnosis, and we can at most but hazard a guess.

(C) Is unlikely in a man of 55, and is not accompanied by severe pain.

(D) Is unlikely because glands sufficiently enlarged to affect a readily displaceable organ like the œsophagus would be sure to give other indications of their presence by pressure-effects on veins, nerves, etc., and mere external compression of the gullet would be hardly likely to induce such severe pain. In addition we are told that "there was apparently no mechanical obstruction," and further it must be exceeding rare to get deposits in the mediastinum from abdominal cancer without preliminary implication of the liver, portal glands, etc. We remember an inspection, however, where there was a large mass of infiltrating mediastinal glands accompanying a pyloric growth with no other detectable dissemination beyond a few specks in the liver, far too small to have been discovered during life; and in Case 223 of Shaw and Perry's series there is an instance of simple duodenal ulcer becoming malignant which also illustrates the point. A case has even been recorded of secondary growths in the inguinal glands from gastric carcinoma without any deposit elsewhere.

(E) There are two or three lymphatic glands just beneath the diaphragm close to the cardiac orifice, and during the last few years there have been several instances at Guy's of large deposits in these structures. As with (D), however, the severity of the pain and the absence of mechanical obstruction and of œsophageal regurgitation render simple external pressure unlikely as the origin of the dysphagia.

(F) is very improbable as such creeping growth would have been felt in the depressed and easily distinguishable lesser curvature; and besides duodenal carcinoma *never* invades the stomach, the pyloric ring forming an absolute line of demarcation, though sarcoma appears to frequently do so.

(I) Separate and simultaneous independent foci of primary cancer in different organs, though occurring, are rare, and one would hesitate to diagnose them unless external and objective.

(J) True secondary deposit in the œsophagus is known, but does not occur as a rule without widespread dissemination.

On the whole (G) and (H) are the two most likely conditions, the latter being the more probable of the two. Concomitant ulceration of the duodenum and stomach is not so very infrequent, and in fact was found in 15 out of the 120 collected cases above referred to. The precise nature of the cause of the dysphagia, however, must of necessity remain indeterminate, and we are only in a position to say that *a complicating ulceration at the cardiac end of the stomach involving the œsophagus* has more probability on the face of it than any other lesion.

Finally, we have only to deal with an associated condition in the patient having no direct relation to the main and fatal issue. There was undoubtedly present a well-marked degree of *emphysema of the lungs*, for we are told that—

The whole chest was "bulged."
The thorax was universally hyper-resonant.
The cardiac dulness was slight and indefinite.
The heart sounds were faint and distant.
The vesicular murmur was diminished.
Expiration was prolonged, and
Adventitious sounds in the form of sibilant rhonchi were present.

Hospital News.

CLASSIFIED LIST OF CASES.

In the Medical Wards.

Circulatory System.

MARY	1.	Chlorosis.
	9.	Mitral stenosis and regurgitation. Aortic regurgitation.
	12.	Mitral regurgitation.
	16.	Mitral stenosis and tricuspid regurgitation.
	34.	Mitral regurgitation. Pericarditis.
PHILIP	31.	Congenital heart.
	33.	Aortic obstruction and regurgitation.
STEPHEN	1.	Aortic Aneurysm.
	22.	Congenital heart.

Nervous System.

MARY	2.	Cerebral tumour.
	3.	Hysteria. Spasm of muscles of neck.
	5, 17.	Diphtheritic paralysis.
	13.	Sciatica.

MARY 22. Ataxic paraplegia.
25. Infantile paralysis.
35. Right hemiplegia and aphasia.
PHILIP 2. Chorea.
10. Hemiplegia.
20. Alcoholic neuritis.
31. Cerebellar tumour.
STEPHEN 3. Compression paraplegia. Caries of spine.
29, 30. Chorea.
34. Chronic alcoholism.

Alimentary System and Abdomen.

MARY 4. Malignant peritonitis.
18, 19, 29, 31. Gastric ulcer.
32. Cirrhosis of liver. Nephritis.
PHILIP 3. Jaundice with pyrexia.
4. Enlarged spleen. Malaria.
34. Appendicitis.
39. Carcinoma of liver.

Respiratory System.

MARY 21, 28, 50. Phthisis.
23, 44. Bronchitis.
30. Mediastinal lymphadenoma.
PHILIP 6, 35, 37. Phthisis.
12, 16, 29. Pleurisy.
13. Abscess opening into the lung.
23, 28. Bronchitis.
STEPHEN 7, 32, 38, 39. Phthisis.
28. Chronic bronchitis.
36. Pleuritic effusion.

Genito-Urinary System.

MARY 14. Chronic nephritis.
33. Pelvic peritonitis.
36. Carcinoma left kidney.
PHILIP 7. Chronic tubal nephritis.
21. Subacute nephritis.
38. Acute tubal nephritis.
STEPHEN 8. Nephritis. Ascites. Pleurisy.
23. Acute nephritis.
40. Chronic tubal nephritis.

Miscellaneous.

MARY 8. Impetigo contagiosum.
10. Raynaud's disease.
PHILIP 2, 5. Acute rhuematism.
11. Eczema.
18. Purpura.
27. Gout.

In the Surgical Wards.

CASES UNDER MR. HOWSE.

NAAMAN 4. Inguinal retention of testis.
9. Resilient stricture.
18. Enlarged glands in both groins. ? Malignant.
CHARITY Cot. Fractured femur.
10. Varicose veins.
14. Carcinoma mammæ.

CASES UNDER MR. DAVIES-COLLEY.

CORNELIUS 2, 20. Fractured tibia and fibula.
1, 18. Pott's fracture.
5. Fractured patella.
12. Wound of palm. Division of flexor sublining tendon to index finger; anæsthesia over two first clefts.
14. Dislocation of shoulder.
20. Injury to back. ? Hæmorrhage into spinal cord.
LYDIA Cot. Fractured femur.
2. Abdominal tumour. ? Sarcoma.
4, 18, 19. Strangulated femoral hernia.
17. Ilio-psoas abscess.
9. Tuberculous teno-synovitis.
20. Rheumatoid arthritis. Loose body in knee-joint.
21. Senile gangrene.
LUKE 1. Tuberculous glands in neck.
4. Spinal caries. Psoas abscess. Sciatic abscess.
17. Varicose veins.
18. Mastoid abscess.
19. Scalp wound. Hæmophilia.
20. Strangulated femoral hernia.
21. Malignant stricture of œsophagus.

CASES UNDER MR. LUCAS.

JOB 1. Central necrosis of head of tibia.
4. Tuberculous knee-joint.
16. Vas-excision for enlarged prostate.
17, 20. Castration for enlarged prostate.
25. Hydrocele of tunica vaginalis.
CHARITY 3. Carcinoma mammæ.
21. Necrosis of femur.
23. Hammer-toe.
Cot. Strumous dactylitis.

CASES UNDER MR. GOLDING-BIRD.

LAZARUS 12. Enlarged prostate. Admitted for castration.
17, 18. Reducible inguinal hernia.

UNDER MR. LANE.

JOB 12. Hydrocele of tunica vaginalis.
14. Acute tuberculous arthritis of knee-joint.
15. Appendicitis.
DORCAS Cot. Child six months old. Previous successful operation for cleft palate. Cheiloplasty.

"Clinical."

JOHN 1. Mitral regurgitation. Bronchitis and emphysema.
2. Phthisis. Cavitation. Localised gangrene of lung.
3. Pneumonia. Convalescent.
4. Double diaphragmatic pleurisy.
5. Appendicitis. Suppurating peritonitis.

JOHN
7. Aneurysm of arch.
8. Carcinoma hepatis.
9. Ascites.
11. Jaundice. Growth about common bile duct.
12. Chronic tubal nephritis.
13. Diabetes mellitus.
14. Acute pericarditis.
15. Enterica. Convalescent.
16. C_2H_6O and cerebral hæmorrhage in left external capsule.

MIRIAM
17. Fredreich's disease.
18. Pelvic peritonitis. Appendicitis. Convalescent.
19. Pericarditis. Mitral stenosis and regurgitation.
20. Hæmatemesis. ? Gastric ulcer. ? Chlorosis.
21. Chorea. Pericarditis. Mitral and aortic regurgitation. Mental torpidity, following chorea.
22. Enterica.
23. Mitral stenosis and regurgitation. Follicular tonsillitis.
24. Pelvic suppurating peritonitis. ? Sloughing fibroid. Convalescent.
25. Pneumonia.
26. Febricula.
27. Rheumatism.
28. Chorea.
29. Hysterical hip.
30. Eczema.
32. Idiopathic muscular atrophy.
33. Intestinal obstruction. ? Cause. Convalescent.
34. Febricula.
35. Tubercular meningitis ?
36. Empyema.

In the Out-Patients' Department.

MEDICAL.

UNDER DR. SHAW.—November 23rd, 1896.

A clerk, æt. 32, complained of incontinence of urine for past three weeks; shooting pains in calves and shoulders of same duration. Patient married two years; one child; no specific history. On examination, Argyll-Robertson pupil present. We were warned against the fallacy arising from bringing a lighted match in front of patient's eye without cautioning him to keep looking at some distant object; otherwise he looks at the match and his pupil reacts to accommodation. In opening a closed eyelid, too, accommodation takes place, so that this method is less reliable than with a match, with above precaution; knee-jerks brisk (easily obtained by striking knee above patella). Gait perfectly steady. Dr. Shaw said if the incontinence occurred at night only it would suggest epilepsy. There was no cystitis. In absence of pupil symptoms, one would think of some lesion of the cord about the lumbar enlargement; there was no cystitis, so that in the presence of an Argyll-Robertson pupil and lightning pains, although it was early for incontinence, one was compelled to diagnose tabes dorsalis, probably a wide-spread posterior sclerosis of mild degree. *Treatment.*—Mist. Pot. Iod. (on the supposition of syphilis), daily suspension, abstention from coitus, and Mist. Phenazoni for the pains.

An old man came complaining of dyspnœa and cough. Sucking in of the intercostal spaces pointed to obstruction to entry of air into lung, and would further suggest emphysema. On auscultation, no rhonchi heard; the dyspnœa would, therefore, be due to emphysema or heart disease, *i.e.*, dilatation of right side from obstructed entry of blood into the lungs. The blood thus stays in the right side, and no interchange of gases is effected. In this case it was probably emphysema, because there were no obstructive rhonchi, and with heart disease there would be fulness of veins, etc. *Treatment.*—Pot. Iod., gr. iii.; Mist. Oxymellis ad. ʒi. There was a history of amputation for tubercular knee-joint. Dr. Shaw remarked that a former tuberculous lesion did not necessarily increase the probability of the lung disease being tuberculous, and raised the question whether immunity might not be thereby produced.

A case of "ambulatory typhoid" was also noticed. A middle-aged man with pyrexia, loose bowels and palpable spleen, had not yet felt ill enough to lie up. Occasionally in these cases the first symptom is perforation.

UNDER DR. WASHBOURN.—November 11th, 1896.

Case of a man about 35. The history was that he had recently suffered from pain in all his joints, beginning in his knees and occurring now in his shoulder. Quite lately he had lost one stone in weight. On examination, there was a painful thickening about the neck of the left humerus, and the finger joints were enlarged. There was a systolic bruit at the apex, pointing to mitral regurgitation. Pulse rapid. There was no history of gonorrhœa. Dr. Washbourn observed that the affection of the heart looked like rheumatism, whilst the changes in the joints were suggestive of rheumatoid arthritis. Here was the difficulty. Patient probably had not got both, and in prolonged cases of rheumatism, joint changes similar to those of rheumatoid arthritis may ensue. He was given salicylate of iron on the view that the condition was rheumatism. We hear that the patient was subsequently admitted into the hospital, and while in the ward passed through a typical attack of acute rheumatism.

OBSTETRIC.

UNDER DR. HORROCKS.—November 5th, 1896.

The afternoon produced, as usual, instances of the various degrees of prolapse of the uterus. On examination of the first patient (a charwoman), the partially

procident uterus showed ulceration of the mucous membrane in the most dependent part and where there was most œdema, not as Dr. Horrocks emphasized, where most exposed to friction. He further pointed out that besides malignancy and simple ulceration seen on protruding parts, the other causes of cervical ulceration were few, enumerating the use of caustics, syphilis, and corroding ulcer, the latter two being very rare. He thought that the ulceration of a procident uterus scarcely ever became malignant, as he had only seen one case. In the present case there was well-marked supra-vaginal elongation of the cervix presenting the characteristic thick rope-like feeling when felt by grasping the inverted vagina between the finger and thumb.

Another case—a married woman of 55—presented the rare condition of complete prolapse of the uterus, wherein the fingers could be got well above the top of fundus of the uterus. The whole cervix was swung forwards, and the anterior lip was ulcerated. The perineum in either instance was intact. Dr. Horrocks said it was a mistake to suppose that rupture of the perineum caused prolapse. Prolapse was due to increased intra-abdominal tension, and hence hard work was the main cause, but consumptives were prone to it on account of constant cough; also, in their case, absorption of fat facilitated prolapse by removing the natural padding material.

In the Post-Mortem Room.

EXAMINATION BY DR. BRYANT.

SUDDEN DEATH—SYPHILITIC FIBROID DISEASE OF THE HEART.

E. J., æt. 65, a waterside labourer, was brought up to the hospital in a collapsed condition. After a time he was able to give his name and address, and stated that he had been at work earlier in the day and in his usual health. While in the Surgery he became cyanosed, pulseless and cold. Stimulants were given and he recovered slightly, complaining of pain over the region of the heart, but again sank and died about two hours after admission.

On making a post-mortem examination, Dr. Bryant found the heart was not enlarged (weight 9 ounces), but that there was extensive fibroid change in the left ventricle which was so hard as to cut like a piece of tendon. The left coronary artery was obliterated below the left auriculo-ventricular orifice, and the right was much sclerosed, being felt as a thick fibrous cord. There was no evidence of dilatation or endocarditis.

Dr. Bryant pointed out that fibroid disease of the heart was a common cause of sudden death, and was frequently preceded by syphilis. In this case the cicatrix of an old gumma was found on the upper surface of the liver. The lungs and kidneys were normal.

Osler says that sudden death frequently follows blocking of a coronary artery, and this may be the only lesion except a general, often slight, arterio-sclerosis. When obliteration is slowly produced, the circulation may be carried on by the other coronary artery, fibroid degeneration of the heart being meanwhile induced in the part of the heart supplied by the diseased vessel and going on often to the formation of a cardiac aneurysm. Thrombosis of the vessel so narrowed by sclerosis may cause sudden death, often without any preliminary symptoms.

DILATED HEART.

S. S., æt. 59, a commercial traveller, was admitted on October 16th, 1896, under Dr. Pye-Smith, for pain in the region of the heart and œdema of the legs. Up till May, 1896, he had always had good health, when he had an attack of "rheumatic gout" with pain over the præcordia.

Condition on admission.—Temperature 96·4°, pulse 85, easily compressible and irregular, respiration 25. He had orthopnœa and his legs were very œdematous. The cardiac impulse was feeble and in the fifth space in the nipple line; no bruits were heard. Urine acid, sp. gr. 1022, and contained a slight trace of albumen; no casts. There was dulness at the base of the chest behind on both sides.

October 27th. Dulness extended up to the angle of the scapula, and rhonchi were heard.

31st. There was marked orthopnœa, and a tricuspid systolic bruit was heard. Cardiac dulness extended half an inch to right side of the sternum and a quarter of an inch to the left of the nipple line.

November 5th. Patient was delirious, becoming slightly better in a few days, but again worse on the 12th, when the tricuspid bruit disappeared. On the 28th he was removed to the strong room.

December 8th. The heart rate was 140, radial pulse 80.

16th. Patient became worse and died suddenly soon after being cupped.

On making a post-mortem examination Dr. Bryant found the heart much enlarged, weighing 18½ ounces, the right ventricle measuring five inches across at the base. The tricuspid valve measured six inches, the mitral three and a half inches. No endocarditis. In the left auricular appendix there was an ante-mortem clot about half the size of a walnut.

The spleen was typical, being small and hard, and there was a nutmeg liver with some fatty degeneration. Kidneys normal. Brain: Cerebral arteries atheromatous and convolutions of frontal lobes wasted.

Intestines:—The superior mesenteric artery was found to be thrombosed secondary to embolism, and the small intestines contained a large amount of blood, and showed numerous sub-mucous hæmorrhages.

THERE is a longish and eulogistic notice of Brigade-Surgeon-Lieut.-Colonel Fairland (Guy's), Assistant-Professor of Military Medicine, Netley, in the current *Lancet* (23rd January).

A Case of Hydrophobia in a Dog.

COMING home one afternoon, my wife said, "I am afraid Kenny (a well-bred Irish terrier) will be ill, for he has just swallowed the string I had taken off a parcel, and run out." I followed him and found him eating some geraniums, to the astonishment of the little girl who was playing with him.

Remembering this habit as a symptom of rabies, I called him and locked him up in a yard where his kennel was, gave him food and water, and forbade anyone to go near him. On enquiry, the servants said that all that morning he had been dull and stupid, and had often rubbed his face on the floor. More important was the fact I learned that he had been bitten in the ear by a strange dog three weeks and three days before. Next day he would not eat, but drank water and recognised me. I left him locked up, but during the day, he was taken by a servant, contrary to my orders, to a veterinary surgeon, who said he was not mad but had his liver out of order, and was to be given a purge. I did not see him again till the following day, the third of his illness, and then his constant salivation, moping and refusal of food, made me determine to take him at once to the Brown Institution, in the Wandsworth Road. I put on a pair of riding boots and thick leather gloves, and took him off with his collar and chain in a hansom cab. The muzzle, which did not fit well, he worked off very quickly, but he sat quietly between my knees, and did just as he was bid. Before we arrived at our destination, I noticed that his jaw began to droop, and felt sure in my own mind that he had rabies. He followed me into the yard quietly, showing no excitement, but great depression, like a dog tired out or one that had been beaten. Thankful I was when I saw him safe in a large iron cage with a good padlock. Dr. Sherrington was not there at the time, but the man who received him, and who had seen many cases of hydrophobia, said he felt sure that was the disease. I was not able to go to see him next day, but the one following, the fifth of his illness, I did so, and found him greatly changed. His beautiful coat was rough and erect, his jaw fallen, saliva hanging from it, he could not bark, but howled in a most distressing way, and instead of coming to be made much of as usual, he rushed furiously at the bars of his cage like a wild beast, as, poor fellow, he was.

I was told that there was now no doubt at all of the diagnosis, and that he would probably live for another day, perhaps for two. There was no object in prolonging his life, and I therefore decided to put him out of his misery. A drachm of Scheele's hydro-cyanic acid was drawn into a syringe, and when he next dashed himself against the bars, this was squirted into his open mouth. He immediately fell down and lay insensible with slow, shallow breathing. He had a second dose of the poison, though this was unnecessary, and was dead within a minute.

He was a handsome and favourite dog, and I much regretted his loss—but one shuddered to think what might have been. It is a disgrace to England that if he had bitten anyone the only chance would have been to go to Paris for inoculation. True, there is an Institute of Preventive Medicine (in imitation of the Pasteur Institute) now building in Chelsea, but violent opposition is already made to its being licensed by the Government, and it will be a long time before it is in working order.

M. D.

The Malarial Fevers of Angola, West Coast Africa.

By WALTER FISHER, M.R.C.S., L.R.C.P., Lorale County, West Coast Africa.

OUR experience of Malarial Fever before leaving our native shores in June, 1889, was extremely small; we had, however, scanned through all the books in English we could then find upon the subject. On landing at Recquella, we were at once struck with the lack of similarity between the fevers there and those described in books, so much so that in mild fever we were very slow to give quinine, as they lacked all the typical characters of so-called malarial fever. At that time I knew nothing about the parasite and had no microscope.

Anything like a typical tertian ague I did not see until I myself suffered from an attack in 1891.

The mild fevers show no special characteristics. The first deleterious effect the climate has upon a newly arrived European, is to produce anæmia; then perhaps, after exposure to the sun, or after over-exertion, or both combined, he will feel unwell, and on taking his temperature, will find it raised to 102° F., or it may be higher. There may be, or may not be, headache. In about six hours or more he perspires, and after twelve hours the temperature is usually normal. If he take the precaution of dosing himself with quinine and iron tonics, and also avoids exposure to sun and overwork, he may keep himself free from fever for a prolonged period, but as a rule these precautions are not taken, and the fever may return every day, usually about mid-day. The rise in temperature seems to correspond with the temperature of the atmosphere, for at 3 p.m., when the heat is greatest, the fever usually reaches its highest limit in these mild cases.

The mild fevers are usually quotidian, less frequently tertian.

Sometimes new arrivals are attacked from the first by a severe type of fever, in which the temperature rises higher, and although it manifests the same daily rise and fall, it may not come quite down to normal for perhaps four or five days.

All these mild fevers are rapidly acted upon by quinine, which we have generally given in tabloid form from gr. v. to gr. x., giving in all from 20 to 40 grains a day.

I have said nothing about other symptoms so far because in these mild cases they are few and varied. Often the only other symptoms are weariness and loss of appetite. When the temperature is rising there may be nausea and

vomiting, perhaps constipation or diarrhœa, and very rarely mild jaundice.

Those who have lived longer in these regions are subject to similar fevers, but with them the fevers usually do not begin so insidiously, and a cold stage is generally more or less marked.

The natives, too, suffer in a similar way, and their fevers also invariably commence with a cold stage.

A severe form of fever occurs, which causes many deaths among Europeans stationed on the coast, but which is comparatively rare in inland regions where the altitude ranges from 4,000 to 6,000 feet. The Portuguese called it Biliosa hæmaturica, and it is known on the Congo by the name of bilious hæmaturic fever, or black-water fever. Being stationed inland, I have only treated about ten cases of this fever, so that my knowledge of it is correspondingly limited.

The fever begins insidiously, like one of an ordinary mild type, the only ground for suspicion of its presence being perhaps that the patient feels more ill than he otherwise would, with a slight rise of temperature. The first alarming sign is generally a rigor and sudden rise of temperature up to 104° or 105°.

Shortly after this rise hæmoglobinuria appears, and at the same time nausea and vomiting, the latter not appearing should the patient have an empty stomach, or should he have been put on milk diet some twelve hours before. The temperature may immediately fall again, so that in less than six hours it may be down to 100°. Then you may expect another rigor, which is very distressing, and the patient continues in a state of anxiety lest another rigor may follow. Should the temperature leap up to above 104° the rigor is less distressing to the patient, and provided diluted milk is given in small quantities, no vomiting occurs during the first hours. Jaundice is usually very marked within six hours of the appearance of acute symptoms. In the fevers which occur inland the jaundice is not so severe as in fevers I have seen at the coast.

Quinine in tabloid form is taken easily by the patient during the first twenty-four hours, if given when the temperature is falling. It can be given either in three gr. x. doses or in two gr. xv. doses. Larger doses are not necessary and promote sickness, which it is necessary to avoid, as recovery of these cases depends so largely upon the amount of nourishment taken. The urine, its consistence, colour and quantity, together with the pulse are our chief guides as to prognosis. At first it is black, and in consistence so thick and viscid, that the patient has great difficulty in micturating. As a rule the urine is slightly more watery when the temperature lowers, but in a severe case gets thicker again with the rise of temperature. If an excessive amount of urine is passed and it remains dark for more than forty-eight hours, the prognosis is very serious, and if in association with this we find the pulse rate quickening, the case is hopeless, although the temperature may be falling. If the urine continues black but is very small in quantity, one can give a more hopeful prognosis.

In a severe case, when jaundice is well marked, after the first twenty-four hours, bilious vomiting commences and also bilious diarrhœa, all of which is very distressing and exhausting to the patient. The breathing on the third day, in a severe case, becomes very laboured and deep, owing to the poorness of the blood, which gets more and more marked until death ensues. In the fatal cases I have seen the fifth or sixth was the fatal day, but in the severe forms occurring in more malarian districts death is said to ensue on the second or third day, and as a result of suppression of the urine.

Ætiology.—There is apparently some difference of opinion as to the origin of these Central African fevers. Dr. Davidson goes so far as to say that melanæmia is pathognomic of malarial fever, and therefore is obliged to classify our bilious hæmoglobinuric fevers as non-malarial, although at the same time he confesses that their habitat, etc., makes them look as if some malarial germ was the cause, but none had been discovered.

In September of last year, I found non-pigmented parasites present in the blood in mild fevers, and afterwards found the same parasite present in a bilious hæmoglobinuric case which occurred in February of this year. Since I discovered the parasite I have never failed to find it in feverish cases and have now examined the blood on thirty-eight different occasions.

One is not surprised that the parasite has not been recognized, for one naturally hunts in the usual way with a low power for pigment, of which not a trace is to be found in any of these fevers. After my third examination under a high power ($\frac{1}{16}$th) I accidentally noticed an isolated red corpuscle manifesting vibratile movements and slowly rolling over. When it was lying flat it showed the double contour like a healthy corpuscle, but when seen in profile manifested a convex bulging on one side, which was a lighter colour than the rest of the corpuscle. On examining other parts of the field I came across similar shaped corpuscles all manifesting this peculiar vibratile movement which at once attracts one's attention to it.

When the parasite is more fully developed the corpuscle is motionless and then the parasites are not easily observed unless the corpuscles are made to travel about by gently touching the cover slip. Then the corpuscle with its attached parasite looks not unlike a cottage loaf. The full grown parasite is free and has a granular appearance under the power I used, which I suppose is due to the formation of spores.

The result of the destruction of the red corpuscles, and the non-formation of pigment, is the setting free of hæmoglobin into the plasma, which in a severe case is so marked that the plasma appears distinctly coloured under the microscope. I consider that this free hæmoglobin accounts for the jaundice and hæmoglobinuria, and also causes an extra strain of work on the spleen, which accounts for the enormous size it often reaches in chronic cases. The enlarged spleen, as a rule, is neither tender nor hard, and therefore I do not look upon it as inflammatory.

Re-Endowment Fund.

Legacies to Guy's Hospital are of sufficiently rare occurrence to be worthy of record. We have pleasure in announcing, therefore, that a bequest of £1,600 from the estate of the late Mrs. Allan has just been received.

But the hospital ought not to remain crippled in its powers of usefulness for the years it may take to complete the Re-endowment Fund. The policy of the Treasurer and Governors, in the meantime, very wisely is to raise annually a sufficient sum in subscriptions, not only to meet the deficit on present working, but to re-open the closed beds. To be able to do this during the present year would be a great triumph, and a worthy commemoration of the sixtieth year of Her Majesty's reign.

The Services.

(From our Special Correspondent).

BENIN HOSPITAL SHIP.

Considerable interest has been aroused in the equipping and despatch of the Hospital Ship "Malacca," which is to be employed in connection with the Benin Expeditionary Force. The transport and medical departments of the navy are certainly to be congratulated on a record performance, when it is remembered that only five days' work sufficed to convert an ordinary P. and O. steamship into a floating hospital with every modern convenience. Roughly speaking, 100 cots are available for use, and these are arranged on the main deck, underneath two large hatchways, one forward and the other aft. The cots are made of iron, and swing on upright supports, each being fitted with a wooden table and supplied with a separate punkah. A special feature is the operating-room, which struck me as most satisfactory, provided as it is with sterilizing apparatus and the orthodox glass receptacles for antiseptic solutions. Dressings have been provided on a liberal scale, and speaking generally, it is sincerely to be hoped that the surgical requirements have been over-estimated. There is a separate ward for officers, containing four cots, and lavatories and bathrooms have also been erected. An ice machine has been fitted on the upper deck, and an ice room capable of holding forty tons built. Additional tanks have been provided for fresh water, and the total amount now capable of being stored is 170 tons. Electric light has been fitted throughout the ship. The Naval Medical Staff consists of one fleet-surgeon, one staff-surgeon and four surgeons, amongst the latter being a Guy's man—George McGregor. In addition, there are three naval nursing sisters, and twenty-four of the sick berth staff. In the approaching expedition, there is every reason to anticipate that an appreciable number of sick, and possibly wounded, will have to be dealt with, and the Admiralty have spared no trouble or expense to provide the best of medical attention for the victims in the latest of our little wars.

Christmas Dinner and Entertainment Fund.

THE receipts for the above Fund amounted to £76 19s. 6d. and the amount was expended as follows:—

	£	s.	d.
Mary Ward	8	0	0
Philip "	6	12	6
Stephen "	6	12	6
Clinical "	5	10	0
Accident "	5	10	0
Eyes "	4	2	6
Job "	4	5	0
Charity "	3	15	0
Dorcas "	3	15	0
Lydia "	4	2	6
Martha "	4	2	6
Lazarus "	4	2	6
Naaman "	4	2	6
Luke "	3	17	6
Cornelius "	3	17	6
Patience "	3	0	0
	75	7	6
Receipt Books	0	5	0
Tobacco and Pipes	0	10	0
Postage	0	4	0
Moving Pianos	0	13	0
	£76	19	6

Signed

W. TYSON, President of the Residents,
H. A. MOFFAT, Vice-President.
JNO. HOWELL, Senior in Charity.

Pass List.

University of London.

LL. B. EXAMINATION—SECOND DIVISION—H. Nolan.

Second Conjoint Examination, January, 1897.

Under 4 years' regulations.

ANATOMY AND PHYSIOLOGY.—H. C. Holden.

ANATOMY ONLY.—L. C. Martin.

Under regulations dated 1st January, 1892.

E. G. Andrew, J. B. C. Brockwell, C. A. D. Bryan, A. E. Cawston, J. S. Cousins, C. Edwards, R. W. J. Radley, C. B. Sells, G. Shorland, W. M. Thomas.

First Conjoint Examination, January, 1897.

CHEMISTRY AND PHYSICS.—J. F. Douse. G. B. S. Soper.

ELEMENTARY BIOLOGY.—J. F. Douse, F. D. S. Jackson.

PRACTICAL PHARMACY.—W. L. Baker, C. E. Gaitskell, F. H. R. Heath, A. H. B. Kirkman, L. H. McGavin, E. J. O'Meara, A. R. Thomas, J. B. Walters.

Passim.

WE are authorized to state that H.R.H. the Prince of Wales, the President of the Hospital, has consented formally to open the new school buildings early in May. It need hardly be pointed out to old Guy's men, although it is often necessary to explain to the public, that these buildings have nothing to do with the hospital itself, but are built and furnished by an entirely different institution, the Guy's Hospital Medical School, which alone is responsible for the expense. It is to be hoped that the ceremony of opening the new buildings will prove as great a success as is warranted by the importance and circumstance of the occasion.

IN our last issue our correspondent in Disguyse advised all who were concerned to leave no stone unturned to make the fixture of the Minstrels at Brixton Hall, on Monday, "a thumping success." Apparently they must have taken his advice to heart, for, despite its being one of the coldest nights this winter, crowds were gathered at the doors before they were opened, the hall was packed full, and many were turned away already before the performance was begun. The performance went very well despite the absence of a cornerman owing to a sore throat, and the delinquencies of the vice-orchestral manager. The audience spared no pains to show their appreciation, and the success was undoubted. For this result the Guy's men in practice and residence in the locality deserve the highest credit; while more than the usual praise must be bestowed on the performers, the stewards, and the designer of the coloured poster, which showed to great effect in all parts of the district.

MASSA BONES, in his now famous stump speech, on announcing his intention to tell the audience a few stories, says that he does not thereby mean lies, for they know all about that already. Perhaps, however, he did not mean to include the white fiction of literature in his sweeping denunciation. Certainly the debating society, who meet to discuss them this evening, will hardly pretend to a full knowledge of so gigantic a subject. Mr. Ormond will include fictions in his denunciation, maintaining that fact is of greater value, a point which Mr. Howard will strenuously oppose. Perhaps Massa Bones himself will come and give us "a little inflammation" on the subject. The Society really must get a little into training for the ladies' night, which is fast approaching. Daily exercise in the gymnasium is recommended.

TO the regret of all who knew him, Mr. C. G. Anderson left for the Cape last Saturday. The Residents entertained him at dinner on the previous evening, and we were glad to hear of the hearty farewell that was given him by Mr. Tyson, and we echo the wish for great success to follow the late Charity. Mr. Tyson in proposing health and success to Mr. Anderson in South Africa, spoke of the high place the latter had won for himself in the opinion and hearts of his fellow Residents and with all the men with whom he worked. By the keenness for work, and stirling good heartedness which he has shown at Guy's, he is sure to secure in South Africa a position and standing worthy of Guy's and of himself. Mr. Anderson carries with him the good wishes of all his colleagues.

OUR special correspondent, who departed two or thee months ago on a voyage to Teheran and the Persian Gulf, is now returned with certain hirsute adornments to his person, and many tales of the leeches, sages and anderûns he has been introduced to on the way. The first instalment of his experiences is given in another column.

IT is not often that Guy's men, after being qualified, so far pursue the study of legal jurisprudence as to pass the examination for the London Batchelorship of Law. Mr. Harold Nolan, M.B., has, however, accomplished this somewhat remarkable feat. Mr. Nolan will be remembered as having qualified in May of last year. He won an exhibition and gold medal in materia medica, besides first-class honours in chemistry and second in physiology at the London University some years ago. In the intermediate LL.B. examination, he obtained second-class honours, and at Guy's he obtained a certificate in the first year's prize. We must now congratulate Mr. Nolan on having acquired the full title of LL.B., and wish him a long and distinguished career.

WE regret to announce the death on January 16th, at Calcutta, of Dr. Edward Spencer Blaker, M.D., who will be remembered by many old Guy's men of a dozen years back, as prominent in matters of sport as well as professional work. Dr. Blaker was formerly in practice at

Beckenham, and went out some five years ago to Calcutta, where he has since been in practice.

FURTHER details are given in another column as to the death of Surgeon-Major Manser, which was announced in our last issue.

A WORTHY patient in one of the surgical wards, who had recently been operated on for epithelioma linguæ and was reviving successfully, was asked a few days ago if he wished for any addition to his diet. The old gentleman, being forbidden to speak, reached down his Bible and pointed to the word Crete. The ward-clerks were none the wiser; the dressers were equally perplexed; even the house-surgeon could throw no light on the interpretation of the problem. Thereupon the lady-pupil was called in, and at once diagnosed "coffee," and the curious thing is that coffee was what was wanted. Solutions of the problem will be gratefully received by the perplexed firm.

AN injured Resident calls attention to the doubtful perspicacity of the authorities in providing new towels, stiff as boards, for use in the laboratories in this cold weather. Cold water is at all times somewhat bitter, and at this time of year especially so; and a towel of a board-like nature is hardly the most conducive to the comfort either of patient or surgeon.

UNTIL a week ago, there were some who thought they were to escape with almost as mild a winter as last year, but the illusion has been ruthlessly dispelled, and ardent skaters revel in the indications of frost in their bedrooms at eight of the morning. The frost, however, makes the front quadrangle a most dangerous playground for the harmless, necessary cab-horse, and the hard and slippery surface of the ground is rendered ten times more terrible by want of illumination at night. The whole front is lit up at night by two meagre gas-lamps only over the front gate, and two on either side of the entrance to the colonnade. It was owing to this that on one evening in December, a lady pupil in a hansom cab collided with an outgoing vehicle and was overturned, cab and all, on to the cobbles. If the hospital authorities do not wish to be suspected of an endeavour to provide material for their students, they would do well, so soon as they can spare the money, to erect a row of lamps along the pavement on either side, and so to improve at the same time the cheerful appearance of the hospital, and at the other the safety of the officers who are on duty and live in the various buildings of the part in question.

WE are glad to hear that in all probability the hospital will soon be fitted with a complete skiagraphic apparatus, coil, tube, screen, and double accumulators, of the latest and most approved type. While skiagraphy was in its infancy the authorities were well-advised in paying for skiagraphic examinations in the most necessary cases by a firm in Oxford Street, until such time as the most important points had been settled; and, doubtless, some hospitals and individuals would be glad if they had not invested in some of the more expensive forms of apparatus now found to be unnecessary. The chief question to be decided is whether to connect the accumulators on to the main, or to send them away to be re-charged every three or four weeks when exhausted. The latter course will very likely be selected in the present instance, as the former is somewhat dangerous to the apparatus; but so soon as it is discovered how safely to connect the apparatus to the main, it will be a common equipment of the consulting room.

ON Saturday next, Mr. H. J. Starling will appropriately read a paper on the subject of the X Rays to the Physical Society. Papers on the Histology of Cancer of the Breast, and Castration for Enlarged Prostate, are unavoidably held over to our next issue, together with a report of Dr. Pitt's lecture on Appendicitis.

THE dinner of the Dental Society proved such a success last year that it has been resolved to make it an annual affair. The dinner will take place on February 13th, at 6.30 for 7.0 p.m., in the Banqueting Hall at Frascati's Restaurant. The price of the tickets is 6s. (exclusive of wines), and they may be obtained from the secretary, Mr. G. Simpson. Old members of the dental school are specially invited, and we also hope to see the medical side of the school well represented.

OUR attention is called to the announcement of a dinner to be held at Frascati's on Saturday, February 13th, by the Dental Society of Guy's Hospital. A striking menu card has been designed by Mr. Cock, and it is hoped that the dinner will be as great a success as last year. Members of the Medical School are cordially invited.

OUR clever and witty contemporary, the "Guyoscope," has decided not to appear fortnightly, as was announced in our last issue. awaited in ten days' time, and great things are The next number is confidently and anxiously expected at the artist's hand. The opening number sold to the extent of 600 copies.

A COVER of a much deeper blue than last year has been chosen for the binding of the GAZETTE, and may be obtained for the sum of one shilling on application to the Librarian. Indices are issued gratis to those who require them. Complete sets of the GAZETTE for binding at 1s. 6d. each should be left in the Library as soon as possible.

THE Cyclists Touring Club, with their rejuvenescence and sudden growth from 16,000 to 34,000 members within twelve months, have initiated a second campaign in favour of the compulsory carrying of lights at night by all vehicles. This measure it should be our duty urgently to assist by every means in our power, seeing that on it depends the safety of many riders, whose lives are at present imperilled by the absence of any law or bye-law enforcing the precaution proposed.

CLINICAL lectures in Gynæcology are none too common, and we should advise all who may, to be present in the Anatomical Theatre on Tuesday, the 2nd of February, when Dr. Galabin will lecture on a Case of retained menses in an abnormal uterus.

OF other journals and publications received we notice with pleasure two that we meet with now for the first time. The *American Medical Journalist* is composed largely of general articles relating to the etiquette and legal status of the profession, with a few literary notes and American poems. It discusses, amongst other things, a suggestion that medical advertisers should confine their notices to the medical press, and not attempt at the same time an explanation of themselves to the public. The first number of the *Journal of Balneology and Clinatology*, which is to be published quarterly, gives some interesting papers on English watering places.

A COPY is sent us of the *South African Medical Journal*, containing an article by Dr. C. C. Elliott, who describes the new Somerset Hospital, at Cape Town. The hospital dates back to 1818, and the present building to 1859; it holds 153 patients, and is well situated overlooking Table Bay. There are good photographs of the wards and operation room. The children's ward appears to be so very prettily decorated that it may well be taken for a model for our own children's ward when we get one.

AMONGST the many interesting contemporary publications that are sent to us from other medical schools, we may notice that of the Rush College—the medical component of Lake Forest University at Chicago—which goes by the name of the "Corpuscle," and is dressed in a hardly congruous cover of green. It is "entered at the Chicago post-office as second-class matter," but its contents bely the official description. Excellent papers are contributed by Professor Helstorn, E. L. McEwen, Senn, and others; and, if somewhat characteristically imbued with the spirit which announces its "belief in Rush," a good standard is adopted in the editorial articles.

WE must congratulate the "St. George's Gazette" on a return to a shadow of its former self. In November it tried to array itself in a new garment of green and white which was embroidered with a portrait of its patron saint on horseback and was far from attractive. In the last number this experiment has been withdrawn. The contents contain some well-written notes and include the account of arrangements made for the storage of bicycles by the authorities of the hospital, a step for which it is to be hoped our own authorities may arrange before the end of the present year.

WE have received the Calendar of the school of medicine of the Edinburgh royal colleges; the Transactions of the British balneological and climatological society, founded in November, 1895, with the purpose apparently of seeing justice done to our national health resorts; and the first volume of Transactions of the British Orthopœdic Society, to which Mr. Tubby, the honorary secretary, contributes four papers and a photograph. All these papers are to be seen, with Pediatrics, whose artistic cover is not improved by a recent alteration, and other periodicals and papers received in the college library. We are glad to see that Mr. Tubby is now on the editorial staff of the latter most excellent little publication.

Notes from a Holiday in Persia.

As I do not suppose that any of my fellow-students at Guy's have ever gone to Persia for their holiday, they might be interested to know how travelling is done in a land where there are no railways and no decent roads.

Wishing to see India, an old college friend of mine who thought of coming with me, suggested that it would be more amusing to go there overland instead of by the usual P. and O. We soon found, however, that the difficulties of getting through Afghanistan would be almost insuperable, besides occupying a very long time, so we decided to content ourselves with going through Persia by riding from the Caspian Sea to the Persian Gulf.

I will not describe our journey to the Caspian Sea, suffice it to say we reached it by going over Vienna, Cracow and Odessa, then we steamed along the northern shores of the Black Sea, struck inland, and drove through Russian territory, over the Caucasus to Tiflis, thence by rail to Baku, on the western shores of the Caspian, where we said good-bye to railways. Baku is not a very inviting place, and I am glad to say we were only there a few hours. It is famous for petroleum-wells, and is a great place for rapidly acquiring large fortunes; the hotel proprietor complained to me that men who were unable to sign their name, had suddenly made vast sums of money, but I will not recommend a Guy's man to go out there on the chance. Everything smelt of petroleum, and everyone talked petroleum shop. Two days by steamer brought us to the Persian frontier at Enzeli, where we said good-bye to steamers and all such civilised modes of locomotion. There is no harbour at Enzeli, so we were taken to the land on a small launch. Very often, owing to the surf, it is impossible to land, and the unfortunate traveller has to return to Baku and wait a week for the next steamer. We, however, experienced no such evil-fortune. After spending the night in a most dismal inn, of which there are only three in Persia, we got into a native boat the next day, which was manned by seven natives who laboured at the oars, and so we were rowed across a lagoon in two hours, when we came to the mouth of a river some twenty-five feet broad; here the oarsmen got out and towed us. The air was very hot and steamy; on either bank there was a thick luxuriant vegetation, so that one could not doubt that one was not on a European river.

After an hour of this towing, we landed at a small place called Pir-i-Bazaar (Old Market), which was merely a collection of warehouses; the yard in which we landed was ankle-deep in mud from the recent rains. Here, a carriage, or what by courtesy we must call a carriage, was awaiting us; it was the most sorry-looking, dirty and rickety vehicle I have ever seen, but a fit counterpart to the road we had to traverse, which was exactly like a ploughed field, and would not be dignified by the appellation of "road" in any country except Persia. Along this we jolted for one and a half hours, constantly expecting the whole thing to upset, the wheel sometimes sinking up to the axle, and a halt ensuing in consequence. At the end of that time we had accomplished five miles, and reached the town of Resht, where we drove to the British Consulate.

The next business was to provide ourselves with Persian money, and this proved to be rather a lengthy process, as there is no paper money used in the country, so that for £10 sterling one received 480 coins slightly larger than a shilling. The Persian clerk took so long to count this out that I quite entered into the feelings of Ali Baba, who borrowed a measure with which to measure his money, as it was too tedious to count it. As I lifted up the money-bags I sympathised with the ancient Spartans, and wondered how they could have tolerated Lycurgus' stringent regulations about coinage.

Next we had to purchase some harness, though we had brought English saddles with us, as the European cannot cope with a Persian saddle. The Persians only use a single rein, which is almost bright red in colour, and reminded me of the reins one used to use on a rocking-horse in the dim and distant past. The whip, too, is curiously diminutive.

Resht has the reputation of being a very unhealthy place, and, as I was stirred by no zeal to hunt for micro-organisms, we started off an hour before sunset, so as to get through the first stage that evening. The Bazaar of Resht was very extensive, and it took us nearly half an hour to get clear of it, but it was a most interesting sight to see a crowded mass of human beings clad in strange-coloured garments, most of them stopping momentarily from their handicraft to stare sleepily at us.

Our calvacade consisted of five horses. Besides horses for my friend, self and servant, there was also a baggage horse and one for a man, or rather boy, who drove the baggage horse in front of him, acted as guide, and in a general way was responsible for the horses. He rejoiced in the title of chapar-shagird, and was changed at every stage (on an average twenty miles), as were also the horses. The riderless horse was a most comic spectacle. It was surprising how well it kept up with the others as a rule. In the way of luggage we each had two Gladstone bags and a valise in the nature of a large holdall, calculated also to serve as a bed. My friend had a kodak and I took a medicine chest with me, which was unnecessarily large. Most of this luggage went on the baggage-horse, but our servant took some and the chapar-shagird the rest. In the holsters of our own saddles we had room for small things, and we each carried a loaded revolver and felt extremely bellicose. We never had any use for our revolvers, but I remember that for the first two or three days I thought almost everyone I met was going to be a brigand, and nervously clutched my revolver.

Our nights were passed at posting stations, and as most of them possess a strong family likeness, I will describe one as a specimen. There is a large stable yard

with a high wall all round, and one enters by a lofty gateway. There are usually two very dirty hovels on the ground floor where the ostlers eat, sleep and cook; then one ascends a very steep outside stone staircase and finds a room set apart for travellers. Between Resht and Teheran, these rooms are comparatively luxurious, that is to say, they possessed a wooden bedstead, two chairs and a table. Except during these first few stages, all the other rooms at posting stations were absolutely devoid of furniture, so that one ate one's food sitting on the floor, and also slept thereon. There were various holes in the walls which served as windows, and usually the door was half broken off; the whole place was generally extremely dirty, and seemed to be the habitual abode of the bat and toad. At first we found it rather difficult to sleep, even when we were very much tired by a fifty or sixty mile ride; the hardness of the stone floor was the principal obstacle, but occasionally also one was attacked by strange and weird insects; this discomfort, however, decreased as the season advanced.

The riding was most enjoyable and invigorating, at least, when one got good horses, and one's lot did not fall on stony places, which in Persia is a most frequent occurrence. I have never been in so stony a place. As a rule we started before sunrise and reached our halting-place soon after sunset, but we had some moonlight rides which, along a desert, has a great charm. The heat was sometimes very great, but we found that we could always tolerate it even at mid-day.

The language was often rather a thorn in the flesh. I had only time to take six lessons in Persian before leaving town; my friend had been much more industrious and really knew a fair amount, so he usually did spokesman. On the whole, Persian is not a very difficult language, I should say the grammar is singularly simple, but the vocabulary and number of idiomatic phrases is very large indeed; then, too, it is a little troublesome having to assimilate an oriental alphabet.

R. O. M.

(To be continued).

List of Books recently added to the Hospital Library.

Davidson: Hygiene and Diseases of Warm Climates.
Ashby & Wright: Diseases of Children (latest edition).
Flower & Lydekker: Mammals, Living and Extinct
Green's Pathology and Morbid Anatomy (latest edition).

The Dental Section of the Library includes the following works:—

Barrett's Dental Surgery.
Clifford Allbutt's System of Medicine.
Bloxam's Metallurgy.
Bædecker's Anatomy and Pathology of the Teeth.
Cole's Oral Deformities.
Coleman's Dental Surgery.
Evans' Crown, Bar, and Bridge Work.
Flagg's Plastics.
Fletcher's Metallurgy.
Flower and Lydekker's Mammals.
Harris' Principles of Dental Surgery.
Heath's Diseases and Injuries of the Jaw.
Kingsley's Oral Deformities.
Makin's Metallurgy.
Miller's Micro-Organisms of the Human Mouth.
Ottenlingui's Practical Dentistry.
Owen's Odontography.
Pedley's (Denison) Diseases of Children's Teeth.
Quimby's Notes on Dental Practice.
Rymer's Note-Book for Dental Students.
Salter's Dental Surgery.
Sewill's Dental Surgery.
Silk's Anæsthetics.
Smith's (Hopewell) Dental Histology.
Stocken's Materia Medica.
Sully's Outlines of Psychology.
Tomes' Dental Anatomy.
Tomes' Dental Surgery.
Underwood's Dental Surgery.
Underwood's Dental Histology.
Wundt's Human and Animal Psychology.

Devolution of the Teeth in Man.

Being a paper read before the Dental Society, on Tuesday, December 8th, by Mr. H. BUTLER.

Mr. CHAIRMAN AND GENTLEMEN.—Before going into the question of devolution, or decline, we will glance for a moment at evolution or the system of the attainment of specialization.

The fundamental principle of the doctrine of evolution is, that, of the variations which are constantly occurring, those which are beneficial are selected; and, being transmitted by heredity, are accumulated to produce that organ or modification required by the species; this state of efficiency having been reached, the continuation of the operation of selection is necessary to keep it at the standard attained.

It is the object of this paper to show that this process of selection has ceased, so far as concerns the teeth of man; to point out some of the causes that have arisen, and that are directly hastening the decline of the teeth; and, lastly, to offer an explanation of the methods by which these causes are acting.

We must first assume that man is descended from an ancestral species, possessed of no intellectual development, of a more or less perfect physique, and subject to the influence of natural selection.

The first effects of the acquirement of intellect on such a being would be so directed as to aid him in his most important exertions—the acquirement of food and protection from enemies; he would gradually manufacture tools and weapons, and, as he extended into colder climates, begin to clothe himself; we can easily see, then, that this new force would gradually take away from Nature that power of changing the external form and structure which she exercises over all other animals; selection became transferred from the physique to the

intellect, and so great, since, has been the progression of intellect, that not only is the operation of physical selection prevented, but man has set up a selection of his own; the physically unfittest are preserved by the physicians and surgeons, to produce others more unfit than themselves, and thus ensure the physical deterioration of the race.

In the primitive state, man must have used his teeth for attack and defence, as well as for mastication, just as the anthropoid apes do now; indeed, we may look upon these latter as exhibiting some stages which man has passed through; and an observation of the relation of the jaws to the food and habits of these animals will help us greatly in understanding the active causes of the deterioration which has taken place in the teeth of man.

As Darwin says in his work "Variation of Plants and Animals under Domestication," "It is notorious that increased use in action strengthens muscles, etc., and that disuse on the other hand weakens them," furthermore it is universally admitted that the size and strength of the bones varies with the habitual strain to which they are subjected.

We have a peculiarly striking instance of this in the dental apparatus of the Gorilla; this anthropoid is omnivorous; obtains its food by hunting; its mate by killing its rivals; and is in constant danger of attacks from enemies—so much so that it is the custom for the male to sleep at the foot of a tree, to protect from leopards the female offspring on the branches above. In all these offices the teeth play a most important part; the food, of course, is eaten raw; with its teeth it removes the rinds and husks, when these are not eaten; similarly it tears the skin and breaks the smaller bones of its enemy and prey; evidently then we should expect to find huge masticatory muscles; and we do. The temporal muscle, in particular, is extremely well developed; the ridge to which it is attached commences at the external angular process of the orbit, meets its fellow of the opposite side just behind the superciliary ridges, and proceeds backwards along the middle line of the skull to join the transverse occipital crest at the lambdoid suture; as the animal gets older—and the conditions of life prevent senile decay—this median ridge rises higher and higher to accommodate the increase of the temporal muscle; the jaws become more and more prognathous to withstand the increased strain; until at length the facial resemblance to the young gorilla is almost lost.

In the Chimpanzee, however, we have to deal with an animal whose habits of life demand far less exertion; its diet is practically vegetarian, so that it is not a hunter; if attacked it seeks safety in flight, so that its muscles are much less developed than those of the gorilla; its temporal ridges do not meet in the middle line until about three inches behind the orbits, and they never attain that high prominence so characteristic of the aged gorilla; consequently we find its bones are of less size and strength, and its face less prognathous—that is to say, the protrusion of its jaws, relatively to the length of the cranium, gives a smaller index.

PERCENTAGE OF INDIVIDUALS POSSESSING STATED NUMBER OF CUSPS TO THE MOLARS.

RACES.	Basi-Nasion Length.	Dental Length.	Dental Index.	Upper.					Lower.					
				m_1	m_2	m_3			m_1	m_2		m_3		
				4 cusps.	4 cusps.	4 cusps.	3½ cusps.	3 cusps.	5 cusps.	5 cusps.	4½ cusps.	4 cusps.	5 cusps.	4 cusps.	3 cusps.
Australian Aborigines ...	98·9	44·95	45·5	100	73·2	20·1	29·1	41·8	—	—	—	—	—	—	—
Polynesians	105·3	42·2	40·1	100	67·4	44·4	5·6	33·3	91·7	22·2	25·0	52·8	—	—	—
Malays	99·7	43·2	43·3	100	79·4	30·6	6·1	38·8	83·3	29·8	8·9	61·2	52·6	31·6	4·5
African Negroes	100·45	44·05	43·9	100	60·4	28·9	17·1	47·4	88·1	11·5	4·9	52·6	52·3	20·6	—
Chinese and Japanese ...	98·8	42·1	42·6	94·2	57·9	20	6·7	56·6	87·8	37·9	10·4	44·7	49·5	28·3	4·6
Europeans	88·2	40·3	41·05	98·4	58	36·6	9·8	41·2	61·5	10·0	30·0	60·0	52·2	36·3	4·6
													55·8		

Palatal Index $= \frac{\text{width of palate} \times 100}{\text{length of palate.}}$

Basi-Nasion Length is measured from ant. margin of foramen magnum to naso-frontal suture.

Dental Length is measured from ant. surface of pm_1 to post. surface of m_3.

Dental Index $= \frac{d \times 100}{B\text{-}N.}$

All measurements are in millimetres.

The Australian Aborigines—perhaps the least removed in habits from the apes of any men—have large powerful masticating muscles; the temporal ridges nearly meet in the middle line; consequently the jaws are large and strong; the dental length as compared with that of the chimpanzee is as 44·95 to 46. The Malays are decidedly in advance of the Australians from the intellectual point of view; they are less savage, have softer foods, and generally cook them, and the effect of this is noticeable in the size of the jaws; the Europeans, the most intellectual of all the divisions, are the least constant in the number of cusps, and have the smallest jaws—their dental length being 40·3, and their palatal index the highest of all, 117; indicating a contraction of the arch.

Thus we see, that of any two species of apes or races of men, the one that more easily obtains its food, that masticates it with greater ease, that depends less on its teeth for preserving its life and consequently exercises smaller muscular force, has smaller jaws; and not only so, but smaller teeth—for the smaller the dental length, the smaller of course are the individual teeth. On comparing the teeth of these races it will be noticed that the smaller the size of the jaws, the smaller is the number of the cusps.

Considering primitive man as possessing jaws similar to the gorilla, we can understand that there was room for the full development of the teeth; but as the jaws decreased in size owing to the causes above-mentioned, they would, by inheritance, become smaller at all stages of growth; obviously, then, there would be less room for the developing tooth germs, so that the diastema would contract and gradually disappear; as the jaws continued to diminish, there would be more resistance to the expansion of the tooth germs; so that the continuance of the proliferation of the enamel organ—regarding it as determining the size of the future tooth—against a gradually increasing resistance, would cause it to become more deeply involuted than would be the case if the jaws had ceased to diminish, thus approximating the cusps and deepening the fissures. In connection with this, I find the following passage by Dr. Xavier Sudduth in the Dental Cosmos for 1893. Speaking on the development of the teeth, he says:—"The bicuspids locate immediately beneath the temporary molars. The roots of the deciduous teeth have much to do with giving form to the crowns of the permanent set, especially the temporary molars, which serve as matrices. The cusps of all molars are the result of compression of the rounded papilla, which becomes depressed at its greatest convexity. The larger the bulb, the greater the opportunity for the formation of sulci and fissures." Here, then, is a distinct corroboration of the explanation offered to account for the deepening of the fissures. To continue: As the diminution progressed, the posterior fifth cusp would become most affected, and, owing to the curvature of the arch, there would be more resistance to its proliferation internally than externally, so it would be gradually forced toward the buccal side, and eventually fuse with the posterior buccal cusp. For similar reasons the two internal cusps would fuse before the two external ones. Now, the observations of M. Topinard, Mr. Charles Tomes, etc., prove that this is the exact order in which the cusp disappearance takes place, and the table above shows that the larger the jaws, the greater is the number of cusps.

But this cusp disappearance is not the only, nor indeed the most striking difference between the different types; there is a diminution in the bulk of the individual teeth. Now cusp fusion does not alter the size of a tooth, so that we have to look to some other cause for this, and I think we obtain the clue to it in the clinical observation that early extraction of the first permanent molar generally causes the wisdom tooth to erupt considerably better formed than usual. There are two explanations given for this. The first attributes it to the increased blood supply; but when you consider the slight importance of the tooth-pulp, once calcification is complete, the changes that go on in the alveolus after extraction, the fact that the posterior dental artery supplies the molars the bicuspids, the gums and the lining membrane of the antrum, and that it is intimately connected with the infra-orbital, it becomes evident that this slight increase of blood supply will be spread over so large an area that its increment at any one point will be practically nil. The other explanation is that the coming forward of the second molar gives more room to the developing third; this means that the tension of the tissues exercises a control over the development of the tooth germ; in other words—believing the enamel organ to determine the size and shape of the future tooth—the proliferation of the epithelial tooth band is limited by the tension it creates in the surrounding tissue, so that as the jaws diminished in size, through succeeding centuries, the tooth germ would meet with more and more resistance to proliferation, and consequently become more and more limited in size. At the same time, we must not forget that heredity is always trying to keep to the standard of the past; and the greater the force of heredity, the greater will have to be the resistance of the tissues to the expansion of the tooth germ, in order to limit its growth. Considerable support is given to this view by the fact, that in all those animals that show a loss of teeth in the incisive region of the jaws, the gums are very dense; either horny as in edentates, or callous as in the ruminants. Again in the Otariidœ, the teeth are small and widely separated, and the gums are callous. Thus we see, then, that in man the inherited force of the epithelial proliferation would produce an increasing tension in a diminishing jaw, and consequently the developing tooth germ would be limited in its growth.

There is also said to be a difference in the quality of the teeth of different races; Dr. Black has published figures on the composition of good and bad teeth, but the differences are so extremely slight that the only supposition that at all meets the case, is that the decrease of a trifle of one constituent has the same effect that a trifling substraction of carbon has to iron. It would

seem that the same cause which produced the limitation of the enamel organ, *i.e.*, the resistance of the tissues, also limited the supply of calcific matter to the part by compression of the arteries and veins, thus keeping the relation of the two processes evenly balanced.

Thus we can explain, and, I think, reasonably, the relation between the development of the brain and the decadence of the teeth; the more the intellect advanced, the less was the reliance on physical exertion; as the environment changed so did the food; the introduction of cooking caused a decreased power of mastication; the advance of civilisation strengthened the tendency to ease; these causes, operating in the manner I have described, produced the devolution of the teeth. Realising this, we are able to look ahead and picture the future of the teeth. We know that the intellect of man is always triumphing over the obstacles in its path; we know that it has produced our civilisation and its train of luxuries; we believe that primitive man ate his food, like the apes, uncooked; we know that gradually he took to cooking it; that lately its essentials have been extracted in a liquid form; that certain of our foods have been prepared from their elements; and in the face of this and the diminishing supply of agricultural produce, who can doubt that the man of the future will eat artificial foods, prepared without any useless ingredient, and in such a manner as to be easy of assimilation. Here, then, are further developments of those causes which have been effecting the devolution of the teeth; from the lessened muscular exertion the jaws will become even less developed, the cusps will be still further reduced, until the teeth are of the simple haplodont type, with reduced bulk, worse quality and retarded eruption; the mouth will become a mere sucking pad, the teeth will be absorbed without erupting, and dentists be no more.

Committees.

SCHOOL AND STAFF COMMITTEE.

The School and Staff Committee have agreed to recommend to the Court of Committees that the existing rule under which the assistant physicians and assistant surgeons are required to reside within one mile of the hospital be relaxed after five years' service, provided that (1) the assistant staff maintain themselves in telephonic communication with the hospital, (2) that the assistant surgeons sleep within, or in the immediate neighbourhood of the hospital during their weeks of duty.

The question of allowing patients to smoke in the wards for an hour every day was considered by the committee, and it was generally thought that no further extension of the privilege, at present confined to bank holidays, was expedient.

The committee have accepted the recommendation of the school to create the new appointments of obstetric registrar and tutor, and ophthalmic registrar and tutor, the former to receive an honorarium of £40, and the latter £30 annually from the hospital.

HOUSE COMMITTEE.

The House Committee have acceded to Dr. Pitt's request to change the hours of attendance of patients in the electrical department. In the future, men will be seen on Thursdays at 1.30 p.m., and women on Wednesdays at 2 p.m.

Mr. Carpmael has been re-appointed medical officer of Bright ward for a period of one year as from the 3rd of next March.

The South London branch of the British Medical Association will hold its meeting in the Governors' court room, on Wednesday, February 24th, at 4.30 p.m.

The interim report dealing with the Sustentation and Re-endowment Funds, has been presented in proof to the House committee, and may shortly be expected to be issued in its complete form.

The committee recommended to the Court of Committees the appointment of a second "night sister," and the increase of the night staff of nurses necessary to allow of each nurse getting a meal in the course of the night in the nurses' dining hall. For the accommodation of the additional nurses thus required, one of the divisions in old Mary ward is being divided into cubicles. The arrangement is only a temporary one, as, of course, when the new nursing home is built, the whole of the nursing staff, with the exception of the sisters, will he housed there.

Keogh Presentation Fund.

THIRD LIST.

	£	s.	d.
T. H. S., Warrior Square, St. Leonards ...	1	1	0
G. B., Hurstpierpoint, Hassocks	1	1	0
O. B., Everton, Liverpool	1	0	0
R. H. F., Leicester Infirmary...	0	10	6
H. M. S., Walton House, Lordship Lane ...	0	10	6
G. B. S., Guy's Hospital	0	10	6
F. G. H., Guy's Hospital	0	10	6
J. H. G., Gaygate, Aldershot	0	10	6
E. C. T., Royal Fort Road, Bristol	0	10	6
H. P. B., The Priory, Grantham	0	10	6
F. H. B., Watford	0	10	6
H. V. H., Wansted, Essex	0	10	0
A. C. P., Kent County Hospital (Ophthalmic)	0	10	0
H. E. D., Guy's Hospital	0	5	0
H. R. F., Chorleywood, Rickmansworth ...	0	5	0
G. E. H., Alton Hill House, Ramsgate ...	0	5	0
H. A. D., St. Leonards (2nd donation) ...	0	5	0
H. T. H., Hoathly Lodge, Eastbourne ...	0	5	0
E. W. D. B., Hereford	0	5	0
A. V. C., London Road, Leicester	0	5	0
S. W., Guy's Hospital	0	5	0
J. M. T., East Retford	0	4	0
C. C. S., Guy's Hospital	0	2	6
H. F. K., Guy's Hospital	0	2	6
S. G. F., Guy's Hospital (2nd donation) ...	0	2	6
R. H. A., The County Hospital, York ...	0	2	6

The late Surgeon-Major Manser.

From *Black and White.*

THE Indian mail brings particulars of the sad death, noticed in our last issue, of Surgeon-Major R. Manser, first physician of the Sir Jamsetjee Jeejeebhoy Hospital, and Professor of Medicine and Therapeutics at the Grant Medical College. It appears that Dr. Manser was called to Akalkote to see the late Rajah and returned to Bombay on the 1st inst. On the following day, while visiting the wards of the hospital, he complained of feeling chilly and thought he had caught cold. He went home, and a brother doctor prescribed for him. His temperature rose rapidly, and on the 3rd he had a pain in the left armpit (where there was a slight swelling) and severe headache. A very troublesome cough, due to inflammation of the lungs, followed. On the 5th he began to ramble, and he died at 4 a.m. on the 6th. He was buried the same evening at the Sewree Cemetery, the funeral being attended by a large number of his friends, both European and native. The Governor of Bombay sent a wreath and was represented by one of his aides-de-camp, Captain H. G. Heneage, 12th Lancers. The *Bombay Gazette* says:—"It is not too much to say that by Dr. Manser's death Western India loses a medical man of exceptional talent and the Government a most competent and trusted medical officer. So great was the confidence reposed in him that he was recently appointed President of the Committee of Scientific Experts nominated by Government to conduct investigations relative to the bubonic fever in Bombay." The *Times of India* refers to Dr. Manser's death as establishing "the important fact that a large category of cases in which the early and predominating symptoms are mainly respiratory, are really cases of bubonic plague."—*Times*, Tuesday, Jan. 26th, 1897.

Novelties.

MATERIA MEDICA, PHARMACY, ETC.

NEW REMEDIES.

The Elberfeld Farbenfabriken Co., Ltd., has sent from the London depôt, 19, St. Dunstan's Hill, E.C., a number of specimens of new remedies which illustrate the great progress constantly being made in organic chemistry, and the production of new synthetic compounds. It would appear that we are getting within measurable distance of the elixir vitæ, and that the physician of the near future will be a veritable magician, able to control all the corporeal ills of suffering humanity. Among the very latest of the new remedies is Salophen, a speedy cure for headache arising from various causes. It is a salicylic acid derivative, but does not possess any of the disadvantages of that remedy. Diethysulphonmethylethylmethal or Trional appears to be the perfect hypnotic. It produces in fifteen or twenty minutes quiet, uninterrupted and dreamless sleep. It is perfectly safe, there are no unpleasant after effects, and habituation to the remedy does not occur.

Lycetol, the tartrate of Dimethylpiperazine, is the latest uric acid solvent. It is very efficacious in the treatment of gout and chronic rheumatic gout affections; the marked diuretic action it possesses is stated to be due to the tartaric acid being changed to carbonate in the organism, and thus increasing the alkalinity of the blood.

Europhen is apparently the perfect substitute for Iodoform. It is the iodide of Isobutylorthocresal. The therapeutic power of this substance depends upon the separation of iodine in the nascent state. Europhen is a yellow powder, insoluble in water but soluble in alcohol and ether; its odour is faintly aromatic. It arrests the growth of bacteria of all kinds, although it has no direct destructive action upon them. Europhen possesses also the great advantage of being non-toxic.

Another odourless substitute for iodoform is Aristol. It is a reddish brown powder, recommended for psoriasis, mycosis, and lupus, and as a dusting powder for wounds and burns.

The thyroid gland of animals, also of man, according to Professor Baumann, contains a specific organic compound of iodine. Iodothyrine represents the active principle of the thyroid gland combined with sugar of milk. It is stated to contain a definite amount of the iodine compound, to be reliable, and not liable to decomposition, the iodine compound being free from albuminoid bodies. Iodothyrine is a white powder, sparingly soluble in water, but readily dissolved if the water be made alkaline.

The Elberfeld Farbenfabriken Co., in addition to their strictly synthetic chemical products, also manufacture an albumose food product, termed Somatose. This substance is a yellow tasteless powder, readily soluble in water. It is prepared from meat and consists essentially of albumoses.

VACCINE VIRUS.

We have received from Dr. H. M. Alexander & Co., of 35, Snow Hill, E.C., some tubes of vaccine lymph obtained from the vaccine farms belonging to the above company in the United States. From the published official reports of the inspection of these vaccine establishments, it appears that every care is taken in order to obtain pure, sound and healthy lymph. The farms are conducted under the best hygienic conditions, the animals are of the best breed, and well fed. The bacteriological examination of the product shows that great pains have been taken in removing the lymph so as to keep it aseptic. The lymph can be obtained in tubes at 1s. each.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

Discipline in Aires.

SIR,—The following literal translation of a paragraph in one of the leading daily newspapers of this city may be of interest to you.

DISAGREEABLE INCIDENT.

"In connection with the examinations that are taking place in the Faculty of Medicine, a disagreeable incident occurred yesterday.

"It appears that a third year's student, who, in his own opinion, and in that of his fellow students, had acquitted himself well in his examination, was nevertheless rejected, a fact that he attributed to some personal differences existing between himself and one of the examining board.

"At the close of the examination, he approached this gentleman, abusing him for his conduct in vigorous terms, that called forth a reply pitched in the same key. At this point the other students collected, making common cause with the first speaker.

"The professor then endeavoured to leave the precincts of the Faculty, but when he endeavoured to gain his carriage the attitude of the students was so agressive that he found himself obliged to threaten them with his revolver.

"The mutineers thereupon hurled themselves on the professor, but the carriage had started at full gallop so that they failed to overtake him.

"Even so, they pursued the vehicle for a good way, throwing stones into it, and raising cries of protest.

"Fortunately none of the missiles hit their mark, and the professor came out from the attack scatheless.

"The incident gave rise yesterday to various commentaries, and we wait for the Faculty to meet to discuss the unpleasant incident."

Do you ever have Professor——— coursing down the Embankment, and does my old teacher Dr. ——— carry a revolver in his back pocket when it is his turn to examine in the gentle art of obstetrics? G. H. P.

Albion Club, Buenos Aires.

Reviews.

Human Anatomy: General and descriptive, for the use of Students. By Professors Cleland (Glasgow) and Mackay (Dundee). 630 illustrations. Glasgow: James MacLehose & Sons, 1896. 28s. *net.*

This work is a short account of the facts constituting a knowledge of Human Anatomy, nicely printed on good paper, and well furnished with illustrations, chiefly from the excellent plates of Testut. Of the drawings, 257 are said to be "printed for the first time," and many of these, we trust, will never be printed again. We except from this remark certain excellent photomicrographs of histological objects executed by Dr. Reid.

The section on bones exhibits novelty of treatment, in that photography has been utilised in their portrayal; indistinct pictures result, rendering much less service to the student than the old-fashioned drawings familiar to readers of Gray and Morris; the alleged advantage of truth to nature (surely in a bad light) being thereby minimised, if not altogether annihilated. Owing to the uselessness of these photographic representations, the student, when reading bones from this book, must have a real bone before him, and to this extent the new method of illustration is a success.

We are unable to find any improved methods of description; indeed, the liver is described with two surfaces, much as if it were an oyster, and the uses of ligaments are for the most part ignored. We have looked for a new setting of many crucial points, and can find no improvement on the books already used by students. Attempts are made here and there to alter well-established terms, such as the substitution of superficial abdominal ring for external abdominal ring; whilst we have long felt the absurdity of the latter term, we think its very antiquity still pleads for a more gradual application of the law of the extirpation of the unfit.

In conclusion, we are unable to recommend this book either to any student who intends passing the examinations usually undertaken by the London schools, or to such as may read anatomy for their own improvement and amusement.

Catalogue of Chemical Apparatus, etc. By Gallenkamp & Co., 1896.

We have received a copy of Messrs. Gallenkamp's catalogue of apparatus and price list. Being printed on thin foreign paper an enormous number of illustrations are crowded into a comparatively small compass. Beside the apparatus for the chemical laboratory proper, the various appliances for the bacteriological and pathological workrooms are represented. The book is supplied with a good index by which the different makes and prices of the various instruments are readily found. For this reason alone it should have a place in every laboratory.

Diary of a Resurrectionist. By James Blake Bailey, B.A., Librarian of the Royal College of Surgeons of England. (Sonneschein, 1896).

This book is in two parts. I. An introduction of 114 pages, which gives a well-written account of many things:—The Guild of the Barber-Surgeons, who kept all anatomical knowledge to themselves; the dissolution of the Guild in 1745, and the beginning of the public teaching of anatomy; the dislike of dissection among the public, chiefly owing to the law which condemned murderers to be hanged and dissected; the attempt of Jeremy Bentham, by giving up his own body to the anatomists, to teach his countrymen reason; the disciple of Jeremy, who wished to "have his body made into essential salts for the benefit of his female friends"; the scandalous doings of the body-snatchers, barbers, or resurrectionists; and, finally, the beginning of a better state of things with the Anatomy Act of 1832. II. The diary, of 38 pages, is an extremely ill-written account of the life of a ruffian. Such things may be useful as raw material for literature, but in their crude form they are wearisome. There are two or three illustrations in the style of Cruikshank, ugly, but forcible; and a few photographs of mort-safes. There is a list of books and pamphlets on the resurrectionists, and there is an index.

We have to hand Messrs. Maw, Son & Thompson's quarterly list, a full and elaborate catalogue of instruments, dressings, shop and dispensary fittings, and in fact of everything appertaining in any way to the domain of surgery. The catalogue is carefully arranged, the instruments being grouped under the headings of their respective operations for respective regions, and there is a large number of useful illustrations, amply bearing out the reputation of Dr. Maw and his firm for the quality and ingenuity of their work.

Experience of a Provident Medical Home.

THE general practitioner meets with many strange people, and experiences, some humorous, some otherwise. The following is an example:—

"I have been here (not ten miles from London) for three years, and once had a patient in our Provident Medical Home. The patient was a surgical case and required dressing.

On my first visit, the Sister said: "What dressing will you use, Doctor?"

"Blue gauze, if you please, Sister," I returned.

"Sorry we have none, but you can have some iodoform gauze if that will do," she replied.

"All right, that will do, Sister."

After waiting some time she returned with a tin travelling trunk, out of which she took a small piece of ? carbolic gauze, and triumphantly handed to me.

"That is not iodoform gauze," I murmured.

"Oh! isn't it?" she said, "well it is just like the pattern I sent to the shop for Dr. ———, but I have some absorbent wool if you prefer that!!"

I used the gauze.

The only antiseptic was one in forty carbolic, and of that she carefully broke a full half-gallon jar over my hat.

And yet the Medical Officer wonders that we do not patronize his establishment more."

Papers by Guy's Men.

British Medical Journal, January 16th.

A Clinical Lecture, being a Plea for a less restricted Diet in Typhoid Fever. By Dr. A. E. Barrs.

An Address on Heredity in Neurosis. By Dr. G. H. Savage.

Two cases of Trigeminal Neuralgia and Trismus, associated with loss of Teeth. By Mr. J. Sefton Sewill.

From the Gazette's Special Pathologist.

ALL specimens—particularly those of solid tissues—should be accompanied, if possible, by a short clinical and post-mortem history, and a postal order for 2s. 6d. An extra charge of 6d. per slide is made when prepared sections are to be forwarded.

Directions to be followed in sending *Diphtheritic Membrane*:—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

All specimens to be addressed to the GAZETTE PATHOLOGIST, Medical Office.

Diphtheria specimens are to be labelled *Immediate*.

Postal Orders to be made payable to Mr. C. H. WELLS.

NOTICES.

S. W., MIDDLESBORO'.—Tubercle bacilli are present in the sputum, but not in large numbers.

J. R. A., SHERBORNE.—The specimen presents a small nodule of scirrhus carcinoma embedded in an abundance of fat.

R. B. M., SWAFFHAM.—The specimen shows a very large cyst in the breast, to the inner surface of which are attached three or four small friable growths. Microscopically they have a complicated tubular structure, but there is no definite evidence of their being malignant.

T. H., REIGATE.—The vomit gives reaction for blood. It contains so much undigested food that it is useless

for microscopic examination. No sarcinæ have been seen.

E. R. M., HASTINGS.—Tubercle bacilli are present in the sputum, but only in small numbers.

E. D. H. H., SHORTLANDS.—After incubation on blood-serum, the resulting growth consisted of streptococci only. No Klebs-Löffler bacilli could be detected.

A. R. T., ST. LEONARDS.—Reaction acid; sp. gr. 1009; albumen, a very small amount; blood absent; sugar absent; urea, 3·1 per cent. (= 13·56 grs. per oz.) The deposit, in addition to a copious precipitate of urates, contained leucocytes in more than normal quantity, but no tube-casts or other renal elements. Squamous cells from the bladder were abundant. Crystals of all kinds absent.

I. N. C., LIVERPOOL.—Reaction acid; sp. gr. 1025; albumen, a minute trace only; blood absent; sugar absent. Microscopic examination of the centrifugalised deposit shows the presence of very large numbers of calcium oxalate crystals and some squamous epithelium. A slight excess of leucocytes was also present, but no tube-casts could be found.

PATHOLOGIST.

Sport.

Rugby Football.

GUY'S *v.* HARLEQUINS.

Played at Chiswick on Saturday, January 16th. Guy's kicked off from the entrance end. They at once made tracks for the home goal, but the latter's front division rallying, good work by Peech and Gervis took the leather back to mid field. A couple of penalty kicks and a mark, however, enabled Guy's to obtain relief and then a good run by Hunter transferred play to the home territory. The game fluctuated for the next twenty minutes, when, from a scramble in the centre, Alexander picked up, and running strongly, passed to Rae, who got over in a favourable position. Morgan kicked the goal. For some time afterwards Guy's pressed but could not increase their score, and at half-time were leading by 5 points to nil.

On crossing over, a remarkable change came over the game; from the kick-off the Harlequins at once rushed up, Wells nearly scoring, but he was splendidly tackled by Ransford, after he had cleared a host of opponents. Keeping up a hot pressure Gervis dribbled the ball over the line, and kicking a trifle too hard, failed to clinch matters, and Ransford had time to kick dead. Not to be denied, the Harlequins were again soon attacking, and after a series of sharp exchanges Devonshire scored a try wide out, but Pank, from a difficult angle, just failed to improve. At this period Harlequins were playing with tremendous spirit, and having the best of matters all round, a direct contrast to their play in the first half. From a scrummage near the Guy's line Leake gave Thornton a nice pass, who dashed over the line just outside the posts; Pank converted. Just before the close Rae obtained the ball from a poor kick by Pank, and passing to Alexander, the latter ran in. Morgan failed to improve, and the game ended in a draw of one goal and one try each.

Appointments.

CIVIL.

KITCHIN, J. T., M.D. Edin., has been appointed Resident Medical Superintendent to the Bradford Fever Hospital *vice* A. E. Foster, M.R.C.S. Eng., L.S.A., resigned.

ROBERTS, CHAS. GORDON, M.A. Camb., M.B., B.C., has been appointed Medical Officer of Health to the Halstead Urban District Council.

SPRIGGS, E. IVENS, M.B., has been appointed Temporary Medical Officer to the Nottingham Union.

NAVAL.

SURGEON GEORGE MCGREGOR to the *St. George*, additional, for the Hospital Ship *Malacca*.

MILITARY.

SURGEON-MAJOR J. G. S. Lewis from half-pay is restored to the establishment *vice* A. M. Kavanagh, deceased. Surgeon-Major Lewis was placed on half-pay on account of ill-health last June.

SURGEON-MAJOR-GENERAL H. S. MUIR, has been transferred from Madras to Egypt, and Surgeon-Lieutenant F. S. Brereton from Aldershot to Chester.

Births.

RANDALL.— On January 18th, at Merton Road, Wimbledon, the wife of Philip N. Randall, M.B., Surgeon, R.N., of a son

ROBERTS.—On December 27th, at 110, Princes Road, Liverpool, the wife of J. Lloyd Roberts, M.D., B.S., B.A., B.Sc. Lond., F.R.C.S. Eng., of a daughter.

Marriage.

FORT–CARRUTHERS.—On January 9th, at Dorchester Abbey, Oxon., Henry Richard Trecothick Fort, B.A. Oxon., L.R.C.P. Lond., M.R.C.S., youngest son of the Rev. Richard Fort, vicar of Coopersale, Essex, to Blanche Isabel Carruthers, youngest daughter of the late Lieutenant-Colonel G. Travers Sayer Carruthers, K.M., of Cowdry House, Leehe, Staffs.

Death.

BLAKER.—On January 16th, at Calcutta, Edward Spencer Blaker, M.B., son of the late Edward Blaker, of East Hill, Portslade, Sussex, aged 35.

ED.—F. E. F.

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Calendar of Coming Events.

Feb. 13.—Mr. Howse's take-in; Ds. W. P. Grellet and C. A. C. Salmon; Cl. V. E. Collins.
(Sat.) 1.15 p.m., Clinical Lecture by Dr. Pitt.
G. H. R. F. C.—I. Kensington, away.
II. U. C. S. Old Boys I., home.
III. Blackheath Prop., away.
G. H. A. F. C.—I. Idlers, home.
II. Kenley, away.
7 p.m., Dental Society, Dinner at Frascati's.
" 15.—1.15 p.m., Last Clinical Lecture by Mr. Golding-Bird.
(Mon.)
Feb. 16.—4 p.m., Clinical Lecture by Dr. Galabin.
(Tu.)
" 17.—Mr. Davies-Colley's take-in; Ds. C. Shepherd and H. P. W. Barrow; Cl. V. E. Collins.
(Wed.) G. H. A. F. C.—I. Vampires, home.
1.30 p.m., Clinical Lecture by Mr. Lucas.
" 18.—7.30 p.m., Disguysed Minstrels, Rehearsal in Court-room.
(Th.)
" 20.—1.15 p.m., Clinical Lecture by Dr. Goodhart.
(Sat.) G. H. R. F. C.—I. Leicester, away.
II. Brockley, home.
G. H. A. F. C.—I. Eastbourne, away.
II. Carlton, home.
8 p.m., Physical Society.
" 22.—5 p.m., Arris and Gale Lecture by Dr. Starling at the College of Surgeons.
(Mon.)
7.30 p.m., Disguysed Minstrels, Rehearsal in Court-room.
" 23.—Disguysed Minstrels, Crystal Palace Theatre.
(Tu.) 8 p.m., Missionary Society, Address by the Rev. Leonard Dawson, in the Court-room.
" 24.—Mr. Lucas's take-in; Ds. H. W. Bruce and P. Turner; Cl. G. Levick.
(Wed.)
1.30 p.m., Clinical Lecture by Mr. Lucas.
G. H. R. F. C.—II. Merch. Taylors' Sch., home.
G. H. A. F. C.—II. St. Bart.'s, away.
5 p.m., Arris and Gale Lecture by Dr. Starling.
" 26.—5 p.m., Arris and Gale Lecture by Dr. Starling.
(Fri.)
" 27.—1.15 p.m., Clinical Lecture by Dr. Goodhard.
(Sat.) G. H. R. F. C.—I. Kensington, home.
II. Maidstone, away.
G. H. A. F. C.—I. Old Wilsonians, home.
II. Old Wilsonians, away.
2.32 train from Liverpool Street for Ten Miles Inter-Hospital Cross-Country Challenge Cup.

Guy's Hospital Gazette,

FEBRUARY 13, 1897.

Out-Nursing Fund.

A CIRCULAR has been issued by Mr. Arthur L. Josephs, giving particulars of the Out-nursing Fund which he is organising for Guy's patients and for which he asks for contributions. The fund is started to meet a pressing need, the primary object being to nurse at their own homes and to provide with medical requisites convalescents from the wards and out-patients in general from the hospital. By this means patients will be able to return to their homes far sooner than at present, and many who now suffer from relapse on return home will be discharged with a good prospect of retaining their health. The scheme has met with the cordial approval of the Court of Committees of the hospital, and the management of the fund is entrusted to a committee of which Mr. Cosmo Bonsor, Mr. Henry Lafone, Mr. Josephs, Dr. Perry, the Matron and Mr. Walter C. C. Pakes are members. There can, therefore, be no question that, as far as Guy's is concerned, the scheme is considered one which will materially benefit the hospital. As regards the general public, the question has been raised whether out-nursing should not be left entirely to the existing district nursing associations, and it has been suggested that this fund is merely a secondary and side effort to enable Guy's Hospital to economize. But these questions are answered by the fact that the maintenance of nurses to look after the patients of a hospital in the districts surrounding it is a direct help not a rivalry to the nursing associations. This is evidenced by the offer of the St. Olave's District Nursing Association to receive at its home in

St. James's Road, Bermondsey, the nurses appointed for that district. This Association has more work than it can do; it was able to visit only thirty-six of Guy's patients during the past year. Further, the fund will mitigate the existing evil of insufficient hospital accommodation—at least in its own districts—while the expenditure at Guy's will remain practically the same.

It is true we should like to see the Re-endowment Fund completely raised to the desired half-million of money, the hundred beds now vacant ready for occupation, and a large convalescent home built and maintained; but until these things come to pass the value of the out-nursing fund cannot be overestimated. The circular truly says: "So great a diminution can thereby be effected in the mean average stay of the patients in the wards that the capacity of the hospital will be increased for the reception of more acute and urgent cases by about twenty-five beds per annum at the relatively small cost of £100 a year for each nurse." We wish this scheme every success, and should like to see the system of out-nursing adopted at all the hospitals in the metropolis, convalescent homes notwithstanding. Mr. Josephs we believe will, after he has satisfied Guy's requirements, endeavour to effect this. We feel sure it would do something towards staving off the evil day of rate-assisted hospitals with schools of medicine at every parish infirmary.

Hospital News.

CLASSIFIED LIST OF CASES.

In the Medical Wards.

Circulatory System.

MARY 9. Mitral stenosis and regurgitation.
12, 24. Mitral regurgitation.
36. Chlorosis.
PHILIP 9. Aortic regurgitation. Mitral stenosis.
17. Mitral and tricuspid regurgitation.
STEPHEN 1. Aortic aneurysm.
21. Congenital heart-disease.

Nervous System.

MARY 2. Cerebral tumour.
13. Sciatica.
MARY 14. Chorea. Mitral regurgitation.
17. Diphtheritic paralysis.
25. Infantile paralysis.
35. Right hemiplegia and aphasia.
PHILIP 1, 25. Chorea.
10. Hemiplegia.
20. Peripheral neuritis.
STEPHEN 11, 25. Locomotor ataxy.
29. Chorea.

Alimentary System and Abdomen.

MARY 4. Malignant peritonitis.
15, 18, 31, 34, 43. Gastric ulcer.
37. Ascites.
42. Jaundice. Malignant disease.
48. Pancreatic cyst.
PHILIP 14. Cirrhosis of liver.
STEPHEN 2. Cirrhosis of liver.
4. Abdominal tumour. Malignant disease.
18. Tuberculous peritonitis.
27. Enlarged spleen.

Respiratory System.

MARY 1. Pneumonia.
21, 28, 50. Phthisis.
23, 48. Bronchitis.
29, 38. Pleurisy.
PHILIP 4. Pleuritic effusion.
6, 14, 36. Phthisis.
15. Empyema.
18. Pneumonia.
23. Bronchitis.
26. Hæmoptysis.
STEPHEN 6. Pneumonia right apex.
7, 32, 39. Phthisis.
13. Bronchitis and emphysema. Dropsy.
23. Mediastinal growth.

Genito-Urinary System.

MARY 6. Hæmaturia. Acute nephritis.
16. Diabetes mellitus.
27. Chronic nephritis.
33. Pelvic peritonitis.
PHILIP 7. Chronic tubal nephritis.
21. Subacute nephritis.
32. Nephritis.
38. Acute nephritis.
STEPHEN 8. Nephritis. Ascites. Pleurisy.
14. Acute nephritis.
20. Chronic tubal nephritis.

Miscellaneous.

MARY 10. Raynaud's disease.
8, 11. Influenza.
PHILIP 2. Hyperpyrexia.
9. Leucocythæmia.
28. Gout.

In the Surgical Wards.

Cases under Mr. Howse.

Naaman	8.	Abscess in loin.
	10.	Spinal caries.
	12.	? Accidental vaccinia inoculation on face.
	18.	Enlarged prostrate. Vas-excision.
	22.	Reducible inguinal hernia.
Charity	6.	Fistula in ano.
	11.	Previous removal of left breast for carcinoma. Recurrent mass in right axilla, ? from outlying breast nodule.

Cases under Mr. Davies-Colley.

Lydia	2.	Tuberculous glands in neck.
	6.	Adenoma mammæ.
	17.	Malignant stricture of œsophagus.
	Cot.	Cleft palate (14 months).
Luke	3.	? Separated epiphysis of upper end of femur.
	6.	Hip-joint disease.
	8.	Impacted fracture of neck of femur.
	13.	Tuberculous testicles. Urinary sinus in perineum.
	17.	Varicose veins.
	18.	Reducible inguinal hernia.

Cases under Mr. Lucas.

Lydia	10.	Lupus.
	12.	Post pharyngeal abscess.
	15.	Fractured femur.
Job	2.	Flat-foot. Operation.
	16.	Old compound fracture of tibia. Necrosis.
	18.	Mastoid abscess.
	19.	Cleft-palate.
	20.	Varicocele.
Charity	2.	Suppurating bursa patellæ.
	21.	Calculus vesicæ.

Cases under Mr. Golding-Bird.

Cornelius	3.	Compound fracture of tibia and fibula.
	10.	Fractured patella.
	12.	Circular-saw wound of hand; amputating fingers.
	13.	Bullet wound of thigh.
	15.	Fractured patella.
Martha	6.	Lipoma at root of neck.
	18.	Enlarged bursa patella.
	22.	Large fibrous tumour pendulous from side.
Lazarus	5.	Tuberculous elbow-joint; erasion.
	9.	Congenital inguinal hernia.
	11.	Bony outgrowth from femur.
	15.	Acute epiphysitis of femur.
	17.	Varicocele.

"Clinical."

John	1.	Pneumonia. Phthisis.
	2.	Pharyngeal growth.
	3.	Diabetes.
	4.	Appendicitis.
	5.	Appendicitis. Perforation. Excision. Drainage.
	6.	Aneurysm of aorta.
	7.	Acute rheumatism. Aortic and mitral regurgitation.
	9.	Pleurisy.
	10.	Pleurisy. Effusion.
	11.	Pyrexia. Erythema of scalp.
	12.	Diabetes.
	13.	Pericarditis.
	15.	Abdominal hydatid (? hepatic) opening into stomach (or duodenum).
	16.	Bronchitis and emphysema. Dilated and hypertrophied right ventricle.
Miriam.	17.	Chorea. ? Regurgitation.
	18.	Appendicitis. Abscess.
	21.	Hæmatemesis. ? Gastric ulcer.
	22.	Enterica.
	23.	Gall-stones. Operation. Convalescent.
	24.	Sloughing fibroid.
	25.	Gastric ulcer.
	27.	? Rheumatism.
	28.	Chorea.
	29.	Hysterical hip.
	30.	Exopthalmic goitre. ? Phthisis.
	31.	Chorea and rheumatism. Aortic and mitral regurgitation.

In the Out-Patients' Department.

Obstetric.

Under Dr. Horrocks.—November 5th, 1896.

A patient, aged 19, married, came complaining of pain in the right inguinal region for past three or four years for a few days before her periods. Dr. Horrocks preferred to classify dysmenorrhœa according as to whether pain occurred before, during or after the flow, or as pre-sanguineous, sanguineous and post-sanguineous. He remarked also that with dysmenorrhœa and sterility was often associated a crescentic and *anteflexed* uterus, whilst *retroflexion* was often a cause of hæmorrhage. On examination, a soft oval mass the size of a hen's egg was felt in the right broad ligament, extremely tender, and proved to be the ovary. Further enquiry ascertained that patient had pain between her periods, dysparemia, but no pain on defæcation—(latter symptom would be probably present with left ovaritis). The diagnosis was ovaritis on right side. The treatment was —Emplastrum Lyttæ to right ovarian region, 15 grains

of Bromide of Potassium t.d.s., hot vaginal douches, and temporary marital separation.

Another case of interest was a cyst of the posterior vaginal wall (even rarer here than on the anterior), distinguished from a rectocœle by its narrowed base and non-communication with the bowels. It was proposed to dissect it out. P.S.—Before this could be done the cyst burst, and subsequently healed by granulation.

November 21st, 1896.

One case was that of a young woman, married several months, no children or miscarriages, complaining of scanty and painful menstruation. Patient was regular, the last period was a week ago. On examination, the uterine sound passed 2¾ inches; anteflexion was not considerable; no particular stenosis. Pain occurred about a day before the flow and was aggravated by it; clots passed. Dr. Horrocks remarked that some hold that the seat of constriction is the internal os, and since obstruction produces hypertrophy rather than dilatation, the fact that the walls of the uterus are found to be in contact tends to confirm this. Further, that pain at periods which are scanty is the worst kind of dysmenorrhœa. Fibroids produce dysmenorrhœa, but there is menorrhagia; the uterus is twisted, and, by the way, the displacement, *par excellence*, that fibroids produce, is torsion, and thus the sound passes with difficulty; to obviate this, Sims invented his malleable smooth copper probe. Some hold tortuosity to be the cause of dysmenorrhœa; others endo-metritis. Dilatation of the uterus sometimes relieves the pain often present with scanty menstruation; this points to the obstructive origin of dysmenorrhœa. In Sims' operation, the object of operative interference is to slit the circular fibres of the cervix; spasms of these fibres may account for the pain.

In another patient, æt. 39, fibroid was detected by the following physical characters: a lump was felt as large as a fist, rigid, smooth, and not specially tender; connected intimately and moving with the uterus. All her children were full term; no miscarriages. Last child, eighteen years ago, lived three years. There has never been any menorrhagia, where formerly there has been bleeding, and this ceases, the tumour is becoming subperitoneal; with fibroid tumours, where there is menorrhagia, it is the rule for the patient either to have no children or repeated miscarriages.

Dr. H. gave as the evidences of a past parturition lineæ gravidarum on abdomen; lineæ albicantes on breasts, carunculæ myrtiformes, scar in perinæum, and split cervix. The removal of a fibroid with the cephalotribe may simulate a parturition. In absence of above signs, lines on breasts, or abdomen, etc., it is impossible to negative a past parturition. Cervix in present instance is nulliparous. Patient is 39 now. Young tissues will stretch; a first parturition generally notches the cervix, more or less, especially if the patient be middle-aged.

An old woman came complaining of a vaginal discharge. On examination, no urethritis; no œdema of genitals; a sticky vaginal discharge present, doubtfully gonorrhœal. The gonococus requires pus for its growth; a positive diagnosis is impossible without its microscopical detection. The present case was probably senile vaginitis. Treatment: Lotio vigra.

The Histology of Cancer of the Breast.

A Paper read before the Physical Society on Saturday, the 12th of December, 1897, by Mr. S. E. DENYER.

MR. CHAIRMAN AND GENTLEMEN,—I have chosen as a title for my paper to-night "The Histology of Cancer of the Breast," but I fear that my paper will bear out its title very indifferently. I must ask you, therefore, to pardon my many deficiencies, and to believe me when I tell you that I am only too well aware of their number.

When I started working at my paper I thought it would be a comparatively easy thing to write a fairly readable paper on the histology of cancer of the breast. It was only after I had been working at it for some time the more I worked at the subject the less I seemed to that I discovered, with a feeling of great uneasiness, that know about it, and the less competent I was to read a paper on such a difficult subject.

I consulted many works of reference on the subject of cancer of the breast, but I felt that my paper, to be of any use, should be chiefly practical. I therefore collected all the sections that I have of cancers of the breast and went carefully over them. I selected typical specimens of every variety of cancer that I have in my collection, and from these I have endeavoured to write my paper. There are many varieties of cancer of the breast of which I have no specimens, and these varieties I have endeavoured to describe to you, although unable to demonstrate them practically.

Although I have taken the histological aspect of cancer of the breast for my subject, I thought it would be of more practical use if I gave a short clinical account of those cases where such an account was obtainable, but in every case I have endeavoured to make it as brief as possible. I purpose, to-night, to begin my paper with a brief account of the development of the normal breast, a knowledge of which must necessarily precede any study of its pathological conditions.

The human breasts, like those of other mammalia, are generally regarded as greatly enlarged and modified cutaneous sebaceous glands. The observations of Champneys, on the development of mammary functions by the axillary sebaceous glands of women during lactation; as well as those of Duval, on the nature of the secretion of the acinous glands of the areola, under like conditions, show that the difference between sebum and milk is only one of degree. The question has arisen, whether the mamma is the homologue of a single sebaceous gland, or of an aggregation of such glands. Inasmuch, as all observers are now agreed that the

mamma is developed from but a single epithelial ingrowth, and that the form ultimately attained—in which the gland discharges by numerous ducts on the summit of the nipple—is due to secondary modification (Kenogenesis), it is probably correct to regard it as the homologue of but a single specialised sebaceous gland.

Like all other glands opening on the free surface of the body, the mamma is developed from the deep cells of the epidermis by a process of continuously progressive in-growing gemmation, with differentiation. The process begins at about the third or fourth month of intra-uterine life, by certain of the columnar cells of the Malpighian stratum, in the site of the future organ, proliferating more rapidly than those adjacent. A solid knob-shaped mass of proliferous epithelial cells, ingrowing into the subjacent derma, is the result. This is called the primary epithelial deposit.

About this knob, the small round-celled embryonic parablastic tissue, aggregates, and forms a zone from which the nipple is subsequently developed. A few weeks later, by repetition of the initial process, secondary buds arise from the primary ingrowth, and likewise grow into the adjacent structures as solid cellular plugs. This is called the secondary epithelial deposit. These form the first rudiments of the ducts, and lobes, and it is only subsequently, that they become excavated.

At this stage, the nascent gland consists of a single branching system of proliferous epithelial cells, ingrowing into the surrounding tissues. In the derma, beneath the nipple zone, there now becomes differentiated a fresh zone of embryonic parablastic tissue from which the stroma of the gland is developed.

In the next stage, the primary epithelial ingrowth undergoes retrogressive metamorphosis, often with a certain amount of cornification, and these changes eventually lead to its complete disappearance. At the same time, the secondary epithelial ingrowths undergo further development, they become hollowed out, and give off numerous club-shaped buds at their extremities —the rudimentary lobules. In connection with these, small aggregations, of irregularly shaped epithelial cells, subsequently appear, which constitute the matrix for the development of the true secreting glandular parenchyma —the acini. Towards the end of intra-uterine life, each lobe has developed a single external opening or duct.

At birth the organ consists of from fifteen to twenty lobes, the excretory ducts of which are excavated, and lined with a single layer of small cubical cells, the rest of the organ being still solid.

In females, the breast undergoes further changes at puberty. Before puberty, the female breast consists chiefly of excretory ducts, but as this period approaches, the true secreting structure arises, by the abundant new formation of glandular acini. This is brought about in the same way as the initial embryonic development.

I must apologise for encroaching on your time by the rather lengthy account which I have given of the development of the breast. I think you will agree with me, however, that a proper understanding of developmental processes is exceedingly important in the study of pathological problems.

Although I am using the word "cancer" in the title of my paper, it is quite without histological meaning. We find it, and its synonym carcinoma, used as long ago as the time of Hippocrates.

The latter term was then, as is the former one at the present day, applied to any new growth of a malignant character.

The name originated in the large ramifying veins and puckered furrows which spread from a cicatrising cancer that is involving the skin. When the broad distinction between the epithelial and connective tissue type of tumours was established by Virchow, it was decided to retain the word cancer, as the name for the more malignant, or epithelial growths.

The usual explanation of the pathological neoplastic processes of the breast is, that they are aberrant repetitions of the normal developmental processes. That in the process the secretory metamorphosis of the gland is *in*complete, so that instead of milk, only cellular products result. Creighton says:—"Taking the breast at the resting state, it cannot under any circumstances reach the perfection of its function without going through the somewhat slow series of unfolding changes. When the evolution that is set up is of a spurious kind, or in other words, when the gland is disturbed from its resting state by some cause other than pregnancy, the steps of its unfolding are less orderly than in the normal evolution; and the fatality of the morbid process consists in this, that the spurious excitation never carries the gland to the end of its unfolding, or to the perfect function. The products of the gland never get beyond the crude condition; and it is the crude cellular kind of secretory product that makes the tumour."

In the case of cancer, the process seldom advances much beyond this low grade of organisation. The morbid product, however, always has a certain likeness to the parent tissues. Hence, two forms of mammary cancer can be recognised—the *acinous* and the *tubular*. In the *former*, which is much the commoner, large lobulated nodules are developed, having an alveolar structure roughly resembling acini of the resting-stage; in the *latter* we find instead, thin branching columns of epithelial cells.

In my paper to-night I have followed this division of cancer into its two forms—viz., the *acinous* and the *tubular*—and have endeavoured to give a short account of the subdivisions of each class. There is another form of cancer of the breast, which does not fall under either above two divisions, viz., cancer of the mammary integument, otherwise known as Paget's disease of the nipple. This disease is one of extreme rarity, and was first described by Paget, in 1874, in the St. Bartholomew's Hospital Reports. He describes the disease as beginning with an eruption on the nipple and areola, which in most cases presents the appearance of a florid,

intensely red, finely granulated, raw surface, like that of acute eczema. It yields copious, clear, yellowish, viscid discharge, and is accompanied by tingling, itching, and burning sensations. In other cases the eruption resembles chronic eczema, with minute vesications, succeeded by soft, moist, yellowish scabs or scales, and accompanied by viscid exudation.

Sometimes it is dry like psoriasis with a few whitish scabs slowly desquamating. After the cutaneous disease has existed for a year or two, it is followed by cancer of the ordinary acinous type, as described by Paget. Thin, however, in his account of the histology of four specimens, ascribes the disease as originating in the epithelium of galactophorous ducts. He regards the areolar affection as a secondary complication, due to the irritant action of the fluid which escapes from the cancerous ducts.

There seems to be some difficulty connected with the pathology of this cancerous disease of the mammary integument. Paget allows in some cases that the cutaneous disease may be cured without any cancer following; and Velpeau, who also describes a similar condition, agrees with this statement. Butlin, who also describes four cases of eczematous disease of the areolæ, states that two of them were unaccompanied by cancer of the gland, while in two others the areolæ disease was followed by the formation of cancer.

It appears that cancer both of the *acinous* and *tubular* variety may originate in association with what has been called "Paget's disease." In the cases described by him, and by Butlin the cancer was of the acinous type, whilst those described by Thin were of the *tubular* variety.

I am showing you a section to-night of cancer following "Paget's disease"; this is of the *tubular* variety of cancer. Numerous tubules can be seen, more or less filled with cells of the epithelial type. The stroma appears to be not very dense, and to be infiltrated with small round cells and with epithelial cells. This small-celled infiltration is especially marked around the tubules.

It was in connection with this disease that Darier in 1889 described the parasitic protozoa. These were first described more than half a century ago by Hake, and were subsequently investigated by Virchow in 1851. Of these I purpose to speak later.

I wish now to draw your attention to the acinous variety of cancer.

Of this, the chief variety is what is ordinarily spoken of as scirrhus. This term was used by Galen (σκίρρος or σκῖρος a piece of marble). It was applied by him to all hard tumours; subsequently its application was limited to indurations having a special tendency to terminate in intractable ulceration, and so eventually to hard cancer.

A typical case of scirrhus presents itself as a hard, nodulated, heavy, solid tumour. If we examine the growing edge of the tumour, we find that one way in which the disease progresses is by the continuous centrifugal extension of ingrowing epithelial processes. These spread most rapidly in the directions of least resistance, which are usually along the adjacent lymphatics, and perivascular sheaths. Under the microscope, sections of the growth are seen to consist of irregular masses of *epithelial cells*, enclosed in corresponding alveolar spaces, bounded by thick walls of fibrous tissue. These cells vary much in shape and size, being from 10 μ to 50 μ and upwards in diameter. The poly-morphism of the cells is simply due to a pressure effect, owing to the rapidly increasing cells being cramped by the density of the surrounding stroma. The pathological cells multiply, like their physiological prototypes, chiefly by indirect nuclear division, and the similarity extends even to the details of karyokinesis.

The nuclei of cancer cells are almost invariably much larger than those of the normal secretory cells of the gland; they are richer in chromatin, and they more frequently originate karyokinetic figures than the latter. A special characteristic of cancer cells, according to Hansemann, is that they divide by asymmetrical mitosis. Moreover, the pathological cells, oftener than their physiological prototypes, contain more than a single nucleus. Multipolar nuclear division is of more frequent occurrence in them than in the normal cells. Fabre-Domerque maintains that in proliferating cancer cells, the axis of cellular division becomes displaced from its normal plane. Another peculiarity of cancer cells is the proneness of their nuclei to shed their chromatin into the cell body, as a sort of preliminary to division. A remarkable property of the cells of mammary cancers is their proneness to granulo-fatty degeneration. Vacuolation is also of common occurrence.

It is chiefly on account of the greatly increased numbers of the cells, and their disorderly grouping, that cancer alveoli differ from normal acini. To this may be ascribed the absence of lumina and ducts, and the great increase of size. The peripheral cells of newly-formed cancer alveoli, however, present well-marked resemblance, in shape and arrangement, to the cells of the normal acini. Another point of resemblance is in the distribution of blood-vessels and nerves, neither of which are found within cancer alveoli any more than they are within normal acini.

The relations of both to the lymphatic system are very similar, both the normal acini and the cancer alveoli being in connection with the lymphatic radicles. It is noteworthy that the endothelial cells of the latter take no part in the cancerous process.

The *stroma* of cancer closely resembles the stroma of the normal gland, of which it is evidently a derivative. It consists of thick bands of dense white fibrous tissue, containing elastic fibres and anastomosing connective tissue cells. It is probable that this cancer stroma is largely of new formation. Coincident with the initial proliferation of cells within the pathological acinus there appears an infiltration of the periacinous connective tissue with small round cells. It is from this embryonic parablastic tissue that the newly-formed cancer stroma is chiefly developed. Hansemann describes four kinds of cells in cancer stroma—(1) Fusiform and stellate cells, the ordinary connective tissue cells;

(2) Flattened epithelioid cells, arranged around the walls of the lymphatic canaliculi; (3) Cells with large deeply-staining nuclei and little protoplasm—*lymphocytes;* (4) Cells with lobulated or budding nuclei *leucocytes.* Within the cancer stroma, *arteries*, *veins*, and *capillaries* ramify. While the vascular system of cancers, however, can be readily injected by the *arteries*, it is generally difficult to do so by the *veins*, the substance injected then finding its way into the circumferential venous system instead of into that of the neoplasm.

Lymphatics accompany the blood-vessels. Their radicles, as before mentioned, are in direct communication with the cancer alveoli. Cancers are generally regarded as *nerveless*, but vaso-motor filaments probably accompany the stromal blood-vessels.

I am showing to-night three sections of acinous cancer:—

(1) In the first of these there is a history of cancer of left breast fourteen years before. This was removed. Eighteen months before admission patient felt a nodule in the *right* breast. This was hard, and was movable on pectoral muscle. Microscopically, large masses of cells can be seen, with a comparatively small amount of stroma.

(2) In the second case there was a four months' history by the patient. There was a history of much pain. A nodule, one inch by one and a half inch, was felt movable on deep parts, and slightly adherent to skin. *Microscopically*, masses of cancer cells are distributed somewhat evenly through the stroma. This breast had a large mass of induration in the neighbourhood of the growth, and I have mounted a microscopic specimen of this induration, which I am showing to-night, together with specimens of induration due to tubercle and syphilis of the breast, for purposes of comparison.

(3) In the third case there was a twelve months' history of a hard mass in the breast. On admission, there was a mass in the breast of stony hardness, three inches in diameter. There was retraction of the nipple, and fixation of growth to skin and deep parts. The axillary glands were enlarged. There had been much pain. *Microscopically*, the cells present the usual appearance of malignancy. The stroma is somewhat dense and in excess, and there is in parts a large amount of small-celled infiltration.

Besides the variety of acinous cancer that I have described, the average history of which varies from twenty-eight months for the non-operated to sixty months for the operated, I have given the highest and lowest figures, taken from various statistics; there are three other types of the acinous variety of cancer, viz.: (1) the acute type; (2) the chronic type, and (3) the melanotic type.

The acute type is again subdivided into three forms, the first of which is described by Velpeau as *Cancer d'emblée* and as *mastitis carcinomatosa* by Klotz. It is a very rare form, which involves either one or both breasts. It arises suddenly, progresses rapidly, and is often accompanied by inflammatory phenomena. No special tumour is formed, but the whole breast becomes enlarged and hard, the skin reddened, œdematous and adherent. *Histologically*, epithelial cylinders and alveolar gland-like formations are seen, such as are formed in ordinary breast cancers, embedded in a fibrous stroma, densely infiltrated with small round cells.

The second form of acute acinous cancer is one which originates beneath the nipple and areola, and is followed by acute dissemination in the skin, owing to the early implication of the subareolar lymphatic plexus, and rapid diffusion of cancer cells through its communicating cutaneous branches. Lesions thus induced, assume the form of either small tubercles (acute miliary carcinosis), of irregularly-shaped discs (cancer en plaques) or of diffuse infiltrations (cancer en cuirasse). Velpeau, who first clearly differentiated these conditions, thought that some cases were from first to last limited entirely to the skin, but most pathologists are now agreed that the cutaneous infiltration is invariably secondary to primary disease of the breast.

Histological examination of the thickened skin shows that the corium is infiltrated with cancerous new formation, consisting of irregular aggregations of polyhedral epithelial cells, closely packed, without definite arrangement, in the irregularly-shaped meshes of a fibrous reticulum. The meshes appear to be dilated lymph spaces. The epidermis is unaffected.

I am showing you a section to-night of cancer "en cuirasse." You will most of you remember the case, which came in to Charity ward under Mr. Lane in September, 1895. The growth was operated upon by him, and he performed an amputation of the arm in order to provide skin flaps to take the place of the skin which was infiltrated by the growth, and which was removed.

This section exemplifies the appearances which I have described above.

The history of the case on admission was only of five months' duration.

A third variety of acute acinous cancer is mentioned by Roger Williams. This variety differs in no way, morphologically, from ordinary acinous cancer; the only difference being that it runs a very acute course, being fatal in a few months, secondary deposits being found in the viscera.

The chronic type of acinous cancer.—By chronic, I mean those mammary cancers which take more than five years to run their entire course. It is rather difficult to classify cancers at all, as the types approach each other so closely, but some cases run an extremely long course. Of the chronic type we have four sub-types.

(1) Cancer which is morphologically indistinguishable from ordinary acinous cancer.

(2) The *atrophic* variety, the characteristic feature of which is the continuous gradual shrinking of the new formation, and the consequent irregular contraction of

the breast. These atrophic cicatrising or cirrhosing cancers usually begin with obscure hardness, which progresses slowly, forming at length ill-defined, flattened or irregular nodulated thickening, with numerous "roots" stretching far into the adjacent parts.

Histologically, the fibrous stroma preponderates, while epithelial elements are very scanty or altogether wanting. This stroma consists of irregularly disposed bundles of fibrous tissue, rich in elastic fibres, but poor in cellular elements. It contains variously shaped small spaces—atrophied alveoli—in which are a few degenerate epithelial cells or merely cellular débris and fatty granules. Only at the extreme periphery are proliferous epithelial cells to be found.

Occasionally atrophic cancer runs an acute course. A few cases are reported in which the history was less than a year, from the first noticed symptoms to the patient's death.

(3) *Colloid cancer of the breast.*—This is very rare. The disease owes its peculiar features to the proneness of its constituent cells to undergo colloid metamorphosis. Clear colloid globules appear within the cells. The cells eventually disappear, the globules coalesce and form large colloid masses enclosed in the stroma. Later, the stroma may become œdematous and may disappear. Histologically, we have large, thin-walled alveoli distended with colloid fluid containing granular débris with perhaps a few degenerated cells.

Owing to this colloid change the growth of the cells is retarded, and the malignancy much diminshed, the average duration being about twelve years.

(4) *Carcinoma myxomatodes.*—This has sometimes been mistaken for colloid cancer, but in this case the glenatinous transformation is due to myxomatous change in the fibrous tissue of the stroma. In extreme cases the cellular elements may become effected.

A sub-variety of this form arises to which the term cylindroma has been applied—when the mucoid stroma grows into the epithelial masses.

(iii.) *Melanotic acinous cancer.*—This is an extremely rare growth. It appears to be less uncommon in the male breast. Pathologists differ as to the melanotic neoplasms. Billroth maintains that they are always sarcomatous. Many well authenticated cases of pigmented epithelial cancer have, however, been recorded, and Unna holds that they are invariably carcinomatous.

Tubular cancer.—These tubular cancers are often spoken of as villous duct cancers. There seems to be, however, some confusion about the term "duct cancer." Such names as "villous duct epithelioma," "duct papilloma," "tubular carcinoma," have been used to designate a number of tubular growths, without any reference to their degree of malignancy.

Under the term "villous cancer," commonly employed, there appear to be two distinct kinds of growth.

(1) Non-malignant villous papilloma.

(2) Malignant tubular cancer.

Of these malignant tubular cancers I now propose to speak, but before doing so, I should like to draw your attention to the non-malignant villous papillomata from which it is necessary to distinguish them.

These villous papillomata may be either single or multiple. They usually arise from the galactophorous ducts. They are generally present as tumour of an ovoid shape, with their long axes parallel to the main ducts. On section, numerous small cystic cavities are noticeable, within which the villous growths are contained. *Microscopically*, they are composed of a slender framework of fibrous tissue, lined by one or more layers of columnar epithelium. In the fibrous framework very few, if any, cellular elements can be detected.

In some cases the lining of epithelium is exceedingly thick. They may be distinguished from cancer by the fact that the lining cells are of the columnar type, and that they are regularly arranged around the walls, instead of being irregularly massed within the spaces.

For comparative purposes I am showing a section of this kind of growth. It will be found to conform to the description given above.

The history of the case was one of the usual kind obtained in villous papilloma, namely, of a discharge from the nipple, of a straw-coloured and sometimes sanious fluid, over a period of ten years. The history of tumour was of much shorter time.

I am also showing another section of non-malignant villous papilloma of the breast, which exemplifies the above description extremely well.

The malignant form of duct cancer, or "tubular cancer," is characterised by the invasion of the stroma by the epithelial cells of the tubules, and also by the polyhedral shape of those cells in the spaces.

I am showing a section of "tubular cancer," and if you compare this section with the section of non-malignant villous papilloma, you will see at once the difference. The cancer occurred as a nodular mass, just beneath and to the outer side of the nipple. The mass was about one inch and a half in diameter, was non-adherent to the skin and deep parts. There was no enlargement of glands. On removal, the tumour was found to be encapsuled, but did not shell out, was adherent to surrounding parts, pinkish in colour, moderately firm in consistence.

Tubular cancers increase much more rapidly than villous papillomata. In less than a year they commonly attain the size of a hen's egg.

They usually supervene at a later period of life than villous papillomata.

There is another variety of tubular cancer, described by French pathologists as *epitheliôme tubulé*. This is a growth with a fibrous stroma, in which are embedded tubular structures full of *flattened*, denticulated, epithelial cells. They are described as being of slow growth.

The cancer which I have described in connection with Paget's disease of the breast is also of the tubular variety, and the features which I have described above can be made out in the specimen.

Before I conclude my paper, I should like to say a few words on the subject of parasitic protozoa, as being the origin of cancer.

As I mentioned before, bodies simulating parasitic protozoa were first described by Hake in cancerous tumours more than half a century ago.

They were subsequently described by Virchow in 1851, who considered the appearances resulted from the endogenous division of cells. Of late years, many pathologists have described intra-cellular bodies in cancer cells. Darier in 1889 described coccidia in the degenerated epithelium of Paget's disease.

In December, 1890, William Russell claimed to have demonstrated the characteristic micro-organism of cancer, which he termed "fuchsine body."

Russell's work is rather important, because it re-opened the question of parasitism in cancer in England.

Soudakewitch, in March, 1892, published a paper on parasitic protozoa in cancer. The plates accompanying his paper show that the bodies he describes are neither due to an endogenous formation of cells, nor to invagination, nor to degeneration of leucocytes, nor to colloid or any other form of degeneration of cancer cells. His observations possess increased importance from the fact that Metchnikoff gave it as his decided opinion that the bodies described by Soudakewitch were really parasites.

In England the subject has been worked at a great deal by Armand Ruffer, and his work contains, I believe, the best account of the subject which has been published in England.

In an account of his work in conjunction with Plimmer, he says that in cancer of the breast the parasite is found in large numbers, and also of fairly large size. From the fact of its not being usually in free communication with the open air, it is easy to remove parts of it aseptically for cultivation and other experiments. Cancer of the breast, therefore, gives a good field for studying the life-history of the protozoa.

The most likely place to find the parasite is in a section passing through or near the growing edge of the cancer, as it extends into the surrounding fat. The cancer cells in such a situation are young, extremely active, and karyokinetic figures may be seen in almost every field.

At the periphery, the parasites may be single or double, but as one proceeds inwards, one may see at no great distance from the periphery, whole groups of such parasites of different sizes and shapes.

The number of parasites contained in a section varies, not only with the part chosen for examination, but more especially with the case from which the tumour is taken. Some tumours are singularly poor in parasites, so that several fields may have to be examined before one is found, even at the growing edge of the cancer, whilst in others, almost every field of a section, not too far removed from the growing edge, contains them in abundance.

There appear to be several forms of parasites infecting cancer cells. One particular form of the parasite makes its first appearance in the nucleus of the cell as a small round body, staining well with various dyes. Stained with Biondi's triple stain, it appears as a reddish body, but in all it can be seen that the body is absolutely independent of the other part of the nucleus. In other words, it is not *part of the nucleus*, but it is a *foreign body lying in the nucleus*. The nucleus, in infected cells, generally resents this invasion by becoming darker and smaller, more condensed, so to speak.

The chromatin network of the nucleus disappears, whilst its staining reactions also change. With hæmatoxylin, it becomes much darker, whilst with the triple stain, it assumes a dirty greenish-brown colour.

At other times, however, the nucleus apparently does not greatly resent the presence of the parasite. The latter may be single or double, or a whole cluster may be present in the same nucleus.

The next change which takes place is that part or whole of the parasite becomes clearer and lighter, whilst in a still further stage a tiny nucleus makes its appearance in the centre, and at this time a distinct capsule can be made out around the parasite.

The nucleus of one cancer cell may thus be invaded by a number of minute parasites, each one with its little nucleus, protoplasm, and capsule.

In other cases, especially when the parasite is single, it may acquire a good size, and become fully developed before it leaves the nucleus. Whether single or multiple, however, the parasites approach the periphery of the nucleus, and escape into the protoplasm of the cell. When multiple, the wall of the nucleus actually gives way, and the contents are discharged.

The young or adult parasite now assumes the form of what may be called the normal, full-grown, protozoon, which is found in carcinoma of the breast. It consists essentially—

(1) Of a central, round, oval or slightly irregular nucleus, sometimes connected by fine delicate rays with the periphery.

(2) Of a variable amount of surrounding protoplasm, almost, if not quite, filling up the capsule: and

(3) Of a doubly contoured capsule surrounding the whole.

When a parasite has found its way into the protoplasm of a cell, it generally grows, until it may become so large as to push the nucleus on one side, so that this latter atrophies.

When the nucleus has once got rid of the parasites, it appears to heal up in a wonderful manner. At any rate, one often sees cells in which the parasite is in the act of just slipping out, or has just slipped out, of the nucleus, and yet the latter structure presents hardly any pathological appearances.

This may be summed up as follows:—In carcinomatous tumours of the female mamma, some of the protozoa

found therein inhabit the nucleus, as also the protoplasm of the cancer cell. The protozoon often appears as a small body in the nucleus, and then develops gradually, until it exhibits the characteristics of the full-grown protozoon, in the nucleus, or in the surrounding protoplasm of the cancer cell.

As seen above, the protozoa infecting the cancerous cells of the breast occur in the nucleus, but are to be found mainly in the protoplasm; hence, it is necessary to cut a large number of sections, in order to find the parasite inside the nucleus. I might mention that at one time the parasite was supposed not to occupy the nucleus at any period of its life-history, but only the protoplasm of the cell.

The parasite, therefore, consists of a nucleus, protoplasm, and a surrounding capsule. I will give a very brief account of these.

The central more darkly staining part of the parasite is called the nucleus, because when seen in hardened specimens it resembles in structure the nuclei of other protozoa. It differs, however, from the nucleus of an epithelial cell in that it *does not stain easily with ordinary nuclear dyes*. With hæmatoxylin, for instance, it is extremely difficult to stain. With hæmatoxylin and cochineal the nucleus of the epithelial cell stains blue, whilst the parasitic nucleus takes up the cochineal.

The *protoplasm* may be quite homogeneous or may contain granules and have a radiated appearance. The granules are sometimes regularly arranged, at other times quite irregularly.

The *capsule* presents a sharp double contour. It stains well with aniline dyes. It is impossible to say whether it is secreted by the invaded cell or by the enclosed parasite. It is supposed to be secreted by the invaded cell, as it is continuous with the protoplasm of the cell, and is often quite distinct from the parasite.

The parasites are said to vary in size from 4μ to 40μ ($=\frac{1}{1000}$m).

I wish to offer my thanks to Mr. Bellingham Smith, who has been kind enough to lend me a section which he has prepared, in which cancer bodies are beautifully shewn. In most cases the cancer body will be seen to be in the middle of the cell, the nucleus of the cell being pushed on one side. The cancer bodies when stained with hæmatoxylin and eosin assume a brown colour, of more or less intensity, the surrounding cyst being quite clear.

Army Medical Service.

WE regret to see that one of our most distinguished Guy's men in the public services has been obliged by private affairs to send in his papers of retirement. Brigade-Surgeon-Lieutenant-Colonel E. J. Fairland entered the Army Medical Service in 1867. He served with honour in Abyssinia, in India, in Bermuda, and in several garrison towns at home. For the last four years he has filled the office of Assistant Professor of Military Medicine at Netley, and has now to retire on declining promotion to the rank of Surgeon-Colonel.

Notes from a Holiday in Persia.

(*Continued.*)

THE approach to Teheran is not impressive, and you would have no idea that you were in the vicinity of the capital of the Persian Empire and the residence of the king of kings as the Shah is styled. The city gates were adorned with all sorts of frescoes mainly representing hunting scenes; in the distance they looked well enough, but a nearer view showed them to be very crude according to our European notions. Speaking generally, there is not much to see at Teheran, which is a comparatively modern town. The religious zeal of the Persian Mahommedans prevents the Christian from entering the mosques, while the amorous propensities of the late Shah proved an obstacle to our seeing two of the best palaces, as he had scattered sundry wives about in them and, consequently, we were not admitted. We did see, however, the "marble throne" upon which the Shah is seated when he displays himself once a year on New Year's Day to the astonished gaze of his subjects. This custom has existed from the time of Darius and Xerxes, who used to appear in royal state before their subjects in the throne-rooms of Persepolis more than 2,000 years ago. The throne itself is situated in a spacious room, the walls and ceiling of which are adorned with aineh-dari (mirror work) consisting of small facets of glass, neatly and artistically fixed in plaster, so as to produce a thousand angles and coruscations. This is a very favourite mode of Persian decoration. At Teheran I had a good deal of conversation with the physician to the late Shah, Dr. Tholozan, a Frenchman, who had been contemporary with Charcot, as a student at Paris. He remembered Guy's quite well, and Sir William Gull, having come over to England with the Shah on his first visit, in 1876. The only hospital there was under the charge of an American, and in the matter of surgical machinery was quite astonishingly up to date, "all the latest from New York." As far as I could judge from a few visits and looking through the records, the general run of cases was not very dissimilar from what we would find in an English hospital, though ophthalmic cases and cases of calculus bore a much larger proportion to the whole; I was surprised to note the comparative frequency of tubercle in the form of glandular enlargements.

The conduct of the women was somewhat humorous, albeit their humour was unconscious; they were of course most strictly veiled (belonging to the strict division of the Mahommedans) and if you wished to examine one eye they covered up all their face except the one eye, similarly with the mouth, chest, etc. I came across two exceptions to this rule and they turned out to be fire-worshippers, for the religion of Zooaster does not take cognisance of such minutiæ.

With some regret we abandoned the idea of going to Hamadan, which is some 120 miles south-west of Teheran and the site of the ancient Ecbatana of Darius Hystaspes. It is also interesting to medical men as containing the

tomb of one of the fathers of our art, namely that of Avicenna, the famous philosopher and physician. His correct name is Abu Ali-ibin-Sena, which has been Europeanised into Avicenna.

From Teheran we rode to Ispahan, a distance of 280 miles, which occupied seven days. The only place of any magnitude which we passed on the way was "Kum," which is a sacred city with a glittering golden mosque, containing the tomb of Fatima the Immaculate, who is devoutly worshipped by the Shiah-Mahommedans. The shrine, of course, could not be visited, as the inhabitants of Kum, as of all sacred cities, are most fanatical.

Several times when we arrived at a place early in an afternoon, the natives having found out that one of us was a "Hakim," brought their sick round to the post-house, where I improvised a sort of out-patient practice. It was rather quaint seeing patients in the gateway of a Persian stable-yard. There was no difficulty about examining the natives as thoroughly as one wished, but it took a long time to elicit their history. My friend, armed with a Persian-French vocabulary, diligently looked out the words which one requires under such circumstances, and the patient had to explain his condition to our servant, who alone could talk the classical Persian with which we were acquainted. One saw a good many cases of corneal ulceration in various stages. Most other ailments they described as "fever," which as a rule turned out to be nothing of the sort.

At one stage we had to take a soldier with us, as there were supposed to be some brigands in the mountain fastnesses through which we had to pass. He was a very handsome-looking fellow, armed with a Martini-Henry, and girt about with belts bristling with cartridges. He wore a bright blue cloak, which he subsequently discarded, and disclosed a most brilliantly-coloured dress. In order to increase our confidence in him, he displayed his prowess by pointing his rifle in all directions while going at full speed, and finally dropping almost beneath the belly of his horse, after the manner of the ancient Parthians, of whom perhaps he may have been a remote descendant.

At Ispahan we stayed several days, and enjoyed the hospitality of the English Consul. I don't know what we should have done without this, as there are no such things as hotels at Ispahan. The buildings here were finer and more striking than those at Teheran, for Ispahan was the capital of Persia in the days of one of her greatest kings—Shah Abbas the Great (contemporary with our own Elizabeth). Everything here, however, as elsewhere in Persia, was crumbling into ruin, because there is no such thing as continuity of national feeling in Persia, and each successive Shah tries as far as possible to obliterate the memory and great deeds of his predecessors, so as to exaggerate his own.

I think the most interesting thing we did there was to interview the Zil-es-Sultan—the eldest son of the late Shah, but by a morganatic marriage, so that he could not ascend the throne. We found the approach to the palace encumbered by numerous servants and hangers-on of the court. We were accompanied by an Armenian doctor, who acted as an interpreter, and were preceded by two soldiers.

First we were shown into a long gallery looking out into a courtyard, and from thence we stepped into a kind of drawing-room without much furniture. Three places were put for us and the Zil-es-Sultan sat opposite. He is a big man, with rather heavy features and a marked squint; he frequently laughed with great heartiness. He began by questioning me about gout, saying that he had attacks of it every five years, and nothing seemed to do him any good. He inquired several times if no new remedy had been discovered, and wished to know why there was no specific for it analogous to those for malarial fever and lues, which are both common diseases in Persia. To this I had to say that as gout was the result of long-continued causes it seemed to me improbable that any remedy would be discovered which could rapidly remove the effects. We then told him of Lord Rosebery's resignation of the leadership of the Liberal Party, of which we had just heard by telegram. He replied that England had so many great and clever men that he could easily be replaced. He said he was amazed at the progress which England had made in science and civilization when he read how we were half naked savages painted blue when Julius Cæsar invaded Britain. He said he should greatly like to go to England, where he thought, "The greatness and goodness of God were more manifested than elsewhere." We then talked of liberalism and conservatism, and the Zil-es-Sultan having discovered that my friend and I were opposed in politics, rather ingeniously said that he was a conservative, but that all intelligent men with refined feelings had liberal ideas, but he thought liberalism bad when it got among the people, as it produced socialists, anarchists and nihilists. We tried to explain that the demos in England was so well educated that it could receive liberal ideas without these evils ensuing; also that the policy of repressing men's opinions could not be successful in the long run. He then talked of Armenia, and spoke strongly against the massacres and the Sultan, saying that he would protect all his subjects equally, whether Jews, Christians, etc., as he regarded them as all equally parts of himself, pointing to his nails and finger to signify that the different subjects of a ruler were related to one another—as the different parts of the body—the old simile of Menenius Agrippa to the plebs at Rome. He said that he did not like France, because she had a Republican form of government, of which he disapproved; he thought monarchy was the best form of a government, but a constitutional monarchy. He said that he had a passionate desire to see England, which he hoped would be satisfied, but if not he should carry his desire with him "to the other world." At the end of the interview he gave us his photograph as a souvenir, and was pleased to say that he always enjoyed conversing with Englishmen.

R. O. M.

(To be continued).

House Committee.

THE committee have had under their consideration plans for the new Nursing Home, which it is proposed to erect on the site of the treasurer's stables. The plans provide separate rooms for 140 nurses, with recreation rooms for nurses and probationers, a large dining hall, a quiet room, a tea room, and an open space on the flat roof, which will be convenient for afternoon teas in the summer months.

The committee have also had before them plans for alterations in the dressers' rooms. The scheme proposes to transfer the dressers' sitting room upstairs to the house surgeon's bedroom, and to extend the accommodation in the surgery by throwing into it the dresser's room, and by building out parallel to the front of the hospital. The new plans will provide three separate rooms for dressing male cases, an additional room for female cases, together with other much needed accommodation. The present nurses' room and the medical examination room will not be interfered with.

The committee considered a letter from the surgical clinical assistants about the skiagraphic apparatus, and the use and custody of the same. The letter was referred to the medical committee for consideration and report.

A suggestion has been brought before the committee, that the patients in Philip and Mary wards should be provided with a balcony or stage over the low roof of the out-patient department, to which they would gain access by cutting down one of the windows in the ward and making it into a door.

Miss Knott has been appointed second night sister as from the 1st of next month, and the matron has been authorised to engage eight additional probationers to increase the staff on night duty, so as to allow each nurse on duty to obtain a meal away from the wards in the course of the night.

The committee have decided, that for nurses to become eligible to receive the Butterworth medal for five years' service, their service must have been continuous, either in the hospital, or in the trained nurses' institution, or partly in one and partly in the other.

The Beaney Scholarship.

THE Beaney Scholarship in Materia Medica will shortly become vacant. The scholarship, open to candidates who have received part at least of their medical education at Guy's Hospital, is of the annual value of £30 and is tenable for three years. Further particulars may be obtained from the Dean, to whom applications must be addressed, at the Medical School Office, not later than April 13th, 1897.

Re-Endowment Fund.

We congratulate Dr. Charles Knott on the progress of his excellent scheme for raising £500 in Portsmouth and district for the endowment of a "Tiny Tim" Cot as a memorial of the late Charles Dickens. Already the Treasurer has received £300 on account, and we hope the balance may be considerably reduced by a promised share of the proceeds from Mr. Bancroft's Reading that was lately given at Portsmouth.

Before our next issue the interim report on the initiation and progress of the Re-endowment and Sustentation Funds will be in the hands of donors and subscribers. It is a most interesting publication, and will, it may be hoped, serve to stimulate a renewed fervour in the hearts of our supporters. In the multitude of philanthropic endeavour for which this year of the Diamond Jubilee will be remembered, Guy's must not be forgotten. Our need is a third less than it was a year ago, but a third of a loaf won't do.

As to the general bearings and special effect on Guy's of the Prince of Wales' Hospital Fund for London, recently inaugurated, this is an important and far-reaching topic with which we hope to deal fully in our next number. It is necessary, however, to call attention without delay, to the following extracts from the Prince's letter:—

> "Our attention will be concentrated upon an endeavour to secure from a Hundred Thousand Pounds to a Hundred and Fifty Thousand Pounds, in annual subscriptions, *from those who have not hitherto regularly contributed.*"
>
> "To this end we propose to approach, among others, the Ground Landlords, the Railway and other Companies, all large Employers of Labour, the Private and Joint Stock Bankers and Companies, the various Trade Associations, and, above all, the Householders in the Town and Suburbs *whose names are not found in the Hospitals' Lists.*"

DISGUYSED MINSTRELS.

The present season is now rapidly drawing to a close. The cot is safe, but it ought to be possible to leave off with a balance over and above the sum necessary to complete the endowment of that receptacle for little niggers. Everything now depends upon the success of the show in the Opera Theatre at the Crystal Palace, on the 23rd. Great expense and trouble have been incurred in securing this place of performance. It is in the centre of a Guy's connection, but if the eighteen hundred seats are to be filled, more offers of help will have to be forthcoming, and an energetic crusade carried on during next week.

Passim.

In a leading article we give elsewhere an account of a fund that is being raised by Mr. Arthur L. Josephs, for the purpose of providing efficient nursing and medical requisites for patients after leaving the wards, or for other out-patients of the hospital. By this excellent scheme humanity is both directly and indirectly benefited; for not only will discharged patients be the better cared for, especially those who are obliged to return home at once after discharge without going down to a convalescent home, but patients will in this way be conscientiously discharged before they are absolutely well. Hence it is estimated that for every nurse supported at a cost of £100 by the said fund, twenty-five more beds in our crowded wards will be available, since each nurse should be able to do all that is required for some twenty-five patients at a time, who would otherwise be occupying beds in the wards.

This fund is, of course, quite distinct from the Sustentation and Re-endowment funds; and the nurses thus provided will have no official connection with those of Guy's. They will live for the present in the home of the St. Olave's District Nursing Association, in St. James' Road, Bermondsey, which is affiliated to the Queen's Jubilee Institute for Nurses. The only drawback we see to this scheme is that at present convalescent homes will only take patients direct from the hospital, and few of them will undertake any surgical dressings; so that the scheme would at first affect only those patients who cannot avail themselves of the convalescent homes. This difficulty must be solved before long; and then we shall agree that few more far-sighted methods of economy have been devised in connection with the present somewhat ill-defined status and uncomfortable financial position of our metropolitan general hospitals.

At last the "Interim report of the Sustentation and Re-endowment funds" has passed through the press and is now being issued to all subscribers. Of these, there are upwards of 9,000, and the labour of collecting, arranging, and confirming all these names has been tremendous. The report is absolutely honest and explicit in its statement of the condition of affairs up to September 30th last, to which time it is obliged to limit itself. Since Mr. Gladstone wrote his letter of appeal, £160,000 had been subscribed and £10,000 promised to the Re-endowment fund, including the permanent endowment of 43 beds and 8 cots. The amount received on Sustentation fund account, including £14,000 left over from the Appeal fund of 1886, amounted to £34,000, but of this £7,000 had been transferred to the Re-endowment fund and some £13,000 had been used immediately for the hospital itself.

For the year 1897 the estimated income is £22,500 from estates, £5,000 from interest on investments made from the Re-endowment fund, £3,300 from annual subscriptions, £5,250 from pay-patients and training fees, and £1,300 from the Hospital Saturday and Sunday funds, making £37,350 in all. Against an estimated expenditure of £44,000, this leaves a deficit of £6,650 to be made up; while, if we are to open the 150 closed beds, £9,000 more will be required every year. Such is the statement of Mr. Bonsor and Mr. Hambro at the beginning of the report. The rest of the material includes a history of the rise and progress of the two funds, with the letters of Mr. Gladstone and the Prince of Wales, and the whole makes a most interesting pamphlet to those who have taken up keenly the Re-endowment scheme, and reflects the utmost credit on the office where it was prepared.

Another cot, the endowment of which will shortly be completed, is due to the energy and enthusiasm of Dr. Knott of Portsmouth, and will be named the "Tiny Tim" cot. In aid of this Mr. Bancroft, who judging from his papers seems to spend his whole time in giving recitals on behalf of charities, gave a portion of the proceeds of a recital to a full audience at Portsmouth, which entertainment seems to have been successful financially and otherwise. Needless to say the Christmas Carol, and Mr. and Mrs. Fezziwig formed prominent features of the programme.

The proceedings of the House-Committee, given in another column, are of great interest to all Guy's readers. The prospects of a "home" for 150 nurses with Tea, Recreation and Quiet rooms, and a flat roof, on a site adjoining the "Ship and Shovel," is only equalled in interest by the announcement of the changes, almost epoch-making, that are to be made in the dressers' rooms and surgery. These changes are just what has long been wanted, and the

need of them was pointed out in our issue of September 5th last.

To turn to more technical subjects, we may record an interesting paper on the application of the Röntgen rays to surgery, read before the Physical Society last Saturday and followed by a demonstration in which members were able to use the screen to see their own bones and joints. Sundry awkward revelations are said to have been made in bony and periostitic lesions. We look forward now with subdued excitement to the appearance of the new hospital apparatus, if such there is to be, as we imagine to be the case.

On the previous Saturday the Debating Society met and "discoursed sweet nothings" on the subject of the relative influence of fact and fiction in literature. Fiction won the day, and it was distressing to hear that all literature was styled as fiction. But then the public press was not included under the same ban. We wish we could endorse the opinion of a contemporary that the said society had taken a fresh term of life. The debate this evening is again put off, with the Dental Dinner as an excuse. We only hope that there may be a good muster and some of the usual brilliant speaking at the ladies' night on March 13th.

The next Missionary Meeting will be held on February 23rd at 8 p.m., in the Court Room. The Rev. Leonard Dawson, late of Qu 'Appelle, North America, has promised to give an address, and Mr. Symonds has agreed to take the chair. Mr. Dawson's address is sure to be interesting, and it is to be hoped that a good audience will assemble to meet him and hear of his interesting experiences amongst the Indians.

The appointment which is shortly to be made of an obstetric registrar and tutor, is one that should have been made long ago and will be very warmly welcomed. The tuition in clinical gynæcology has hitherto been of the most meagre description, while the reports are useless for reference, as we believe they are never bound up, even if, as has frequently not been the case, they are of sufficient merit to bind up; at least, we certainly do not know where they are kept. A registrar will, we hope, reorganize the whole system of keeping obstetric reports, and will make Dorcas ward of a little more use to the medical school than it has hitherto been. We hope this change will soon be followed by that other more important change in the obstetric department, which is so urgently needed—namely, the institution of a sensible system of dresserships, which shall give all men who wish it a chance of having some responsibility and gaining some experience in the treatment of disorders with which they will probably be constantly meeting in private practice. There is no clear reason why such cases should not be treated as other surgical cases are treated, in a manner worthy of the traditions of Guy's; and there is every reason against a system that sends men into the world to face difficulties on their own responsibility, which they have not had to face with the moral support of the traditions and practise of a great hospital.

The Borough folk are very strange in many ways, and in few stranger than in the expression of their emotions. What these emotions are, indeed, it is frequently impossible to guess. A poor woman came up to a male ward the other day to ask how her husband was getting on. With much tact and consideration, the sister at length told her that the good man had passed away an hour before. The widow felt for her handkerchief, and her only comment was, "Well, miss, we does live in solemn times."

At a meeting of the Metropolitan Public Gardens Association on the 4th inst., we noticed it mentioned that the County Council of London were completing the purchase of the Guy's Hospital disused burial ground. Few present Guy's men would know that there was such a place. It is situated in Snowsfields, only a little way from the Newcomen Street entrance, and has been disused since it was full, some fifty years since. It was used for pauper burials after the bodies had passed through the anatomical department, but this function is now performed under an agreement with the Woking Company. The London County Council are now buying the ground for a sum of £4,600.

We were sorry to hear on Monday night that Mr. Lushington was suffering from a severe asthmatic attack and was confined to his room. The latest news is more favourable, and as we go to press we hear that his condition has much improved.

We regret to hear that a rumour is now proved to be true, which has been gaining ground in the hospital during the present year, to the effect that we are shortly to lose the services from our lecture-staff of Dr. E. T. E. Hamilton. The Doctor has accepted the offer of Dr. Davis and Dr. Rogers to join in partnership in Johannesburg, whither he will proceed some time in April. We hope and feel assured that the gain to our countrymen in the Transvaal will be as great as the loss that we shall feel in losing one of such professional ability and sterling qualities as our second demonstrator of Anatomy.

Dr. Galabin will give a second clinical lecture in the anatomical theatre, on Tuesday next, Feb. 16th, at 4 p.m. The subject of the lecture will be "A case of Cæsarean section."

Physiologists will be glad to hear that on Monday, 22nd, Wednesday, 24th, and Friday, 26th, at 5 p.m., Dr. Ernest H. Starling will give the Arris and Gale lectures, at the College of Surgeons in Lincoln's Inn Fields, on "The changes in the Circulation consequent on Heart Failure."

The Rugby team has emerged successfully from the first two rounds of the Cup competition and now have the more severe task before them of defeating St. Bartholomew's ere they qualify for the final. The sixteen-point victory over St. George's is distinctly encouraging, as the latter have always made a good show in the Cup Ties and were this year thought to be above their average, including, as they did, the International Tucker in their ranks. Strict training must now be the order of the day. That miserable defeat last year must be doubly avenged on the 23rd inst.

There is just one point we should like to call attention to before the next match. At Richmond, last Monday, several no doubt well-meaning Guy's men kept exhorting our full back when the ball was coming to him, to "Be careful!" "Look out—he's on you!" and so forth. Now, such remarks are quite unnecessary, and only serve to worry the man who is filling what is perhaps the most trying position on the field. Please, don't do it.

We hope a goodly number of men will be able to go down to Leyton to support the Association team in their match against St. Bartholomew's, on the 24th inst. As we have before stated in these columns, our men ought to make a bold bid for victory, and a little moral support may make all the difference between a win and a loss.

On Saturday, 27th of February, the Inter-hospital Cross Country Cup will be competed for at Chingford over the Ten miles course. The possession of the trophy, which is now in our possession, seems at present to rest between Bart.'s and ourselves. Any men who would like to see the race will be in time if they take the 2.32 train from Liverpool Street. The team will consist of W. L. Baker, F. E. Fremantle, C. F. Watson, R. M. Barron, H. W. Bruce and J. F. Robinson. Spectators will see the race at start, half-way and finish, and will be able to occupy the interval by walking in Epping Forest.

The last Disguysed fixture for the season is the most important of all, and is fixed for the Crystal Palace Theatre on Tuesday, the 23rd. We hope that all who have any influence in that neighbourhood will do their best to secure a good audience for the performance, so that the contribution of the Disguysed Minstrels to the Re-endowment Fund may exceed last year's sum, while the performers themselves will be asked to come to two practices before-hand, in order to make more certain of the success for which we hope, but which is not to be lightly obtained.

The Keogh presentation fund has, we are glad to say, reached the sum of £92; and we hope there will be no difficulty in raising the remaining £8 required. Arrangements have meanwhile been made by which the money from this fund is added to the official salary and paid over to Mrs. Keogh weekly, so as to keep the good lady in tolerable comfort.

From the Trained Nurses' Institution we hear that on the 4th of last month Nurses Flude and Evans, at present attached to the institution, successfully passed their L.O.S. examination. Nurse Flude and Nurse Evans worked for a considerable time in the Charity, and the announcement will be of interest and will give pleasure to two or three recent Extern firms.

WE would call the attention of Guy's men in practice to a convalescent home at St. Ives, Granville Road, Broadstairs, which is managed by the widow of the late Dr. Beaven-Rake. The house is pleasantly built, with verandahs and balconies, in the pleasantest part of the little town, of whose salubrious properties many of us have had experience. The arrangements are comfortable both for invalids and for medical men wanting a holiday, and the charges are moderate.

AN announcement of the twelfth International Medical Congress informs us that it is fixed to take place at Moscow between the 7th and 14th of August. The official language will be French. All communications and offers of papers to be read should be made to the secretaries of the committees of the respective sections. Even we have received an invitation from the dental section, beginning "Dear Sir and Colleague!" to read a paper and to send a preliminary account of it by May 1st. But we have not yet accepted the offer.

THE first number of the *Middlesex Hospital Journal* has reached us, and is a very interesting and successful production. The committee of management includes the names of Dr. Cayley, Mr. Pearce Gould, and Mr. Henry Morris, an old alumunis of Guy's, who is president; while Dr. Campbell Thomson, medical registrar to the hospital, is one of the two editors. An excellent engraving of the late Mr. Hulke, F.R.S., faces the title-page; while the chief contents are papers by Mr. Henry Morris, on "Two cases of stone in the bladder," by Dr. Thomson, on "Knee-jerks in Fracture-dislocation of the Spine," and on "The Middlesex Hospital Medical Society," by Dr. Essex Wynter. The notes are dignified, concise, and well-written, and the general style of the paper approximates more to that of a society's transactions than the usual student's publication.

GUY'S men who have not yet heard news of the fact will be glad to hear of the existence and issue of a most readable second number of the *Guyoscope*, a journal of Guy's news of a lighter order. It is now to be published monthly at the cost of threepence, or of four shillings, post free, for the year. We agree with the editors in sincerely wishing their venture a long life and a merry one, and we will add that if they contrive to herd together into a room once a week the charming array of clod-hoppers depicted by their artist as constituting the staff of the paper, and if they are actually able to make them sit there and listen while "most contributions intended for insertion are read before the full Council," they will indeed have performed wonders seldom if ever performed in any committee. It would be an easier matter if the substance were always meaningless, as indeed it was held to be by the curious person interviewed in the present number of the *Guyoscope*. Personally, we have seldom found occasion to read so much between the lines before. And, finally, we are glad to see that there is no idea of rivalry between ourselves and the new-comer. There is room for both of us, since our functions are totally distinct. Our contemporary does not aspire to emulate the immortal Mr. Slurk, of the Eatanswill Independent, and we as certainly resign all claims to follow Mr. Pott, of the Eatanswill Gazette.

Guy's Hospital Debating Society.

A MEETING of this society was held on Saturday, January 30th, in the club smoking room, Dr. Fawcett being in the chair. There was a poor attendance at the beginning of the evening, but later there were thirty-five members in the house. The proposal before the house was that even in literature fact is more powerful than fiction.

Mr. A. W. ORMOND, in opening the debate, said that fact was essentially true and fiction false and unreal; fact was the naked truth, fiction was fact garnished and embellished by the unreal and exaggerated ideas of the writer. In short, fiction was fact dressed. With regard to works of imagination, they might be true or false, but could not be considered as either until they were proved to be one or other. When this happened they, of course, ceased to be works of imagination. The reason we admire works of imagination so much is because they represent to us our ideals. For instance, in painting if we see a masterpiece, and realise that it is so, it is because we find there a reproduction of our highest ideal of beauty, etc. Hence it is that all pictures do not appeal to us to the same degree; in fact, some men have no appreciation of the painters' art at all. Why is this? Because their ideas and conceptions are not framed upon any of those subjects which artists depict. Consequently, just so far as a painter depicts a subject with highest degree of truth, just so far does it appeal to the imagination of the greater number of men. In the same way in literature, the author describes his characters, and it is those parts of the book which we instinctively recognise as true which influence us and have a power to mould our thought and actions. The

"padding" and fanciful conceptions of the writer are recognised by us at once, and dismissed with possibly a recognition of their cleverness or beauty of style, but we realise at once that they are only fiction. The speaker then referred to the Persian romances, and those of the twelfth and thirteenth centuries, also the present-day novels; he deplored the prevalence of myth and fiction in the chronicles of the early history of our land and in the state papers, and concluded by denouncing fiction in medical and surgical literature.

Mr. R. HOWARD said that he felt some confidence in opposing the motion, because the result of a former debate referring to truth had shown that this house did not consider the value of truth so great as that which was usually assigned to it. All present would agree that fact was the record of things done, or it was history, and the question before the house resolved itself into the consideration of whether historical fact had a greater influence than fiction. Among all our poetry, the only things that approached truth were the ballads, and these often owed their charm to the embellishment of the incident which they related with fiction. Again, there was no such thing as a true novel, for a true novel is a biography. The historical novel was essentially bad, because people persuaded themselves they were learning history when reading these. If our literature were to become solely a record of fact we should quickly sink to the most sordid realism, and our ideals would become base and cease to influence us.

Mr. F. E. FREMANTLE said that whereas he had not known which side to support, he was obliged, by lack of speakers on behalf of the motion, to take that side, and in doing so he believed that he was really supporting a righteous cause. Among the varied news of our papers he thought that the accounts of sport were most read because they contained fact. Fiction may, and probably does, please most, but fact influences most. He was sure that the honourable opposer was influenced to a far greater degree by the punishments he received from his nurse than by the reading of the "Waterbabies." Everyone present would remember how as boys it was the tales of life in the army and navy of Lucknow, the battles of the Peninsular, or any of the other stirring events of history that had any real influence on their minds. When they became young men it was sport that influenced them chiefly. Fact, in short, was the thing we desired, and for his part the speaker felt convinced that fact was a stronger influence than fiction even in literature.

Mr. W. R. CAZENOVE said he thought that the thing that interested us most was the manner of presentation; as, for instance, in the works of Macaulay. He did not consider the accounts of sport referred to by the previous speaker could be classed as literature. In fact, a literary artist could move us no matter what was the subject.

Mr. CARDEN said that he had recently been reading a book which was a record of fact, and as such it had made a very great impression upon him. He thought that true literature must always influence us more than fiction.

Mr. LOWE rose to oppose the motion. He said that the proposer had taken all good fiction as fact and only left the opposition the bad stuff. Fiction was that which was made up, the desire of the proposer to include ideas, because they are realities, as true literature was not fair; ideas occurring in fiction were not to be claimed by the proposer for they had to be found out, and they do not occur in history because the human mind was not big enough in the past to find them out.

Mr. A. B. PASSMORE said that truth impresses more than fiction; for instance, he had heard of the case of a member of the staff who had attended the lectures on medical jurisprudence, and had not been able to sleep for a week after listening to one of them.

Mr. W. C. C. PAKES said he must confess that when a boy he hankered after what was known as the "penny dreadful," and this influenced him a great deal more than heavy literature. Truth was only a relative thing; two accounts of the same thing need not necessarily coincide. The events in a novel are only fact so far as the writer is concerned, not the reader; just as the varying accounts of the Jamieson raid were only true so far as the writers of them were concerned. He considered there was no such thing as fact and, therefore, should support Mr. Howard.

Mr. J. F. ROBINSON said he thought that the proposer had taken all the cream and left the opposition all the skimmed milk. For his part, he certainly thought that fact, embellished and made beautiful, was preferable to naked truth, and he should, therefore, oppose the motion.

Mr. S. J. ORMOND said that he wished to support the proposer. He found that in learning up our ordinary work those facts were most easily remembered and by the largest number of men, which were proved by practical work, and he felt convinced that those things which appealed to us as true had far more influence on us than fiction.

The opposer and proposer having replied, a division was taken, with the result below:—

For the motion	...	...	9
Against the motion	...	...	10
Majority against the motion	...		1

A vote of thanks to the chairman having been passed, the proceedings terminated.

LOST.—A Microscope in its case and enclosed in a red cloth jacket lined with wash leather, has been removed from No. 43 in the college. Anyone knowing anything of it, will greatly oblige if they will communicate with A. W. Ormond. The number of the instrument is 18,404. maker, R. & J. Beck, "Continental."

LOST.—On Friday or Saturday, January 22nd or 23rd, three labelled microscopic slides in a small wooden box belonging to the Surgical Registrar.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

The late Surgeon-Major Manser.

DEAR SIR,—It is with sincerest and heartfelt regret I write to announce the death of Robert Manser, an old Guy's man and senior physician to the Jamsetjee Jeejeebhoy Hospital in Bombay. You will see from the extract from the *Bombay Gazette* I am sending you with this, how much he is missed, and how wide-felt in this Presidency is the grief felt at the loss, in the prime of life, of this able man. And our small band of Guy's men is now reduced by one whom we, perhaps, could least spare. That he fell a victim to the plague, which is now raging in this town, there is very little doubt about, and so, as Dr. Childe in his letter says, he fell a victim to his duty.

I have known Manser for a great many years, in fact, since we were students together in 1869 to 1874, and those of our years will readily call to mind Robert Manser, as even in his student days he was a man of mark and strong individuality, and he gave promise then of what he developed into afterwards, a patient, painstaking, deeply read, and sound physician. He remained at Guy's some years after I left, and held most, if not all, the high appointments, entering the Indian Medical Service in 1878. Two years later, in 1880, I met him for the first time in India, and at Kandahar of all places. He had been through the siege of that city, and had charge of a large hospital outside the city walls. Needless to say that he had done good work then, and many an officer and private had reason to remember and be grateful to him. I remember his asking myself and Donald Elcum, also an old Guy's man, to dinner at his place, and our astonishment at his producing a bottle of champagne to drink, and as wines and spirits of all kinds were at high famine prices, we were all the more surprised!

Once he got to Bombay he soon rapidly rose to the position he held, and as his worth became known his practice grew rapidly, and his services as a consultant were sought far and wide. He never was what you call a robust man, and was only occasionally seen at our football field as a player at Guy's, and to me his face and figure seemed not at all to have changed since our student days.

Dr. L. F. Childe sends a letter, which I forward to you, and which well expresses the worth of Manser.—Believe me, yours faithfully,

JAMES S. WILKINS, Surgeon Lt.-Col.

I have known Dr. Manser well for the past seven years, being associated with him in his work at the Medical College, Bombay, and, in common with all old Guy's men here, I have been proud to think that he was one of us, and to see how worthily he upheld the best traditions of his old school. He was most careful in his work and strict in the performance of his duty, allowing nothing to interfere with it; and he strove by precept and example to inspire students with the same zeal and earnestness that always distinguished himself. Solely by his merits he gained for himself a high position amongst the medical profession of Bombay, and the public, too, showed the greatest confidence in his capacity, and availed themselves largely of his services.

When recently Government appointed a committee to investigate the present outbreak of plague in Bombay, Dr. Manser was appointed president, and as he had undertaken to report on the chemical aspect of the disease, he was continually examining cases of plague and going into the worst parts of the town to see them. He did not spare himself in this work in the least, and there can be no doubt that he contracted the disease in consequence. Thus he lost his life in the performance of his duty, and though he was cut off in his very prime, yet it is some consolation to know that he died in fulfilling the noblest aspirations of the profession and service to which he belonged.

Bombay, January 8th, 1897. L. F. CHILDE, M.B.

Selections from Hippocrates.

I.

ON EMPYEMA.—Empyema may be recognised in all cases by the following symptoms. In the first place, the fever does not go off, but is slight during the day, and increases at night, and copious sweats supervene; there is a desire to cough, but the patients expectorate nothing worth mentioning; the eyes become hollow, the cheeks have red spots on them; the nails of the hands are bent, the fingers are hot especially at their extremities; there are swellings in the feet, they have no desire of food, and blisters occur on the body.

Those patients recover most rapidly whom the fever leaves the same day that the abscess bursts,—when they recover their appetite speedily and are freed from the thirst,—when the stools are firm and not excessive, the pus white, smooth, uniform in colour, and free of phlegm, and brought up without pain or violent coughing.

Those die whom the fever does not leave; and those to whom, when appearing to leave them, it returns with an exacerbation.

A prognosis should be based on all the symptoms taken together, and so in all other cases.

Of persons having empyema after peripneumonic affections, the elderly run most risk of dying; but in the other kinds of empyema it is the younger persons rather that die.*

In cases of empyema treated by the cautery, or incision, when the pus is pure, white, and not fœtid, the patient recovers; but if of a bloody and dirty character, he dies.

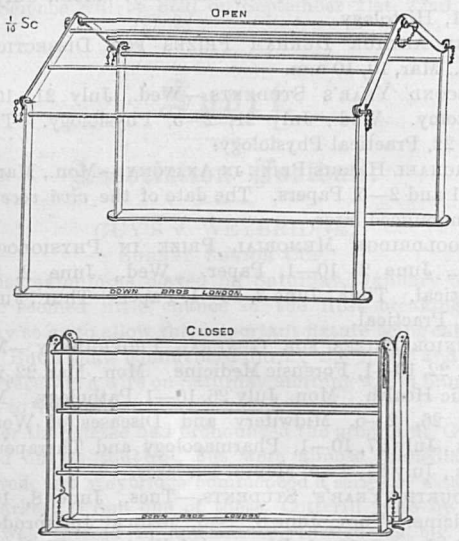
S.

* It seems probable that Hippocrates included phthisical cavities under the term *empyema*.

Novelties.

MATERIA MEDICA, PHARMACY, ETC.

Steer's Bed Cradle.



The illustrations show an improved portable form of bed cradle, designed by Nurse Steer, of the Guy's Trained Nurses' Institution, who must be given credit for a very clever idea. These appliances are generally wanted in cases of emergency, and the ordinary form of bed cradle is a most inconvenient article to stow away and difficult to convey to a patient's house. These objections appear to be entirely overcome in this new invention, and practitioners will find it a most useful contrivance to keep. We are glad to see our Nurses still exercising their ingenuity. The cradle is made by Down Brothers, of St. Thomas's Street.

Dieterich's Pharmaceutical Preparations.

M. Buchner, 149, Hounsditch, London, E., has sent a number of samples of various preparations, manufactured by Eugen Dieterich, at Helfenberg, near Dresden.

Dieterich's Chemical Works are upon a very large scale, and from the reports published in the *Helfenberger Annalen* it is evident that chemical research occupies in them a very important position.

Authorities are of opinion that since manganese is found in the blood, besides iron, similar effects must be attributed to manganese as to iron, and that the effect of iron upon the system may greatly be enhanced by manganese. Dieterich has succeeded in preparing two liquid Iron-Manganex compounds, Liquor Ferro-mangani Saccharati and Liquor Ferro-mangani Peptonate. These solutions are non-astringent, and do not cause any digestive troubles. The peptonated solution is also prepared with iodine, and is intended to be a substitute for cod liver oil.

Dieterich's Cod Liver Oil Compounds are very numerous. Cod liver oil can be obtained combined with bromine, iron and bromine, iron and iodine, iron-manganese, and this compound with quinine or phosphorus, also iodine and tannic acid, etc.

Extract of Malted Acorns is a compound of malt and "acorn coffee," given in rickets and malnutrition.

Dieterich's Tapeworm Cure consists of very tempting looking capsules of extract of male fern, and equally tempting capsules of castor oil.

Eugen Dieterich manufactures, in addition to chemical and pharmaceutical preparations, medicated bandages to be a ready spread substitute for Dr. Nunn's gelatine and medicated soaps. Glue Bandages, as they are called, are made to contain various medicaments, used as skin remedies, such as alum and lead acetate, boracic acid, ichthyol, potassium iodide, iodoform, mercury, hydperchlor, salicylic acid, zinc oxide, etc.

The Soap—Glue Bandages—contain similar remedies.

Dieterich's Umbilical Rubber Bandage is very convenient, for it is not necessary to remove the plaster when bathing the child. It is contained in a neat box with two muslin bandages.

Lactomaltine.

The Lactomaltine Company, 15, Snow Hill, E.C., has recently put on the market a novel combination of malt extract with milk fats. This combination contains all the elements which render it a highly nutritious food, rich in digestive properties.

Lactomaltine possesses great diastasic power; it is an exceedingly palatable preparation, and will be highly appreciated as a nutrient, and as an aid to the assimilation of ordinary food.

Pass List.

Final Conjoint Examination, January, 1897.

Medicine, Surgery and Midwifery.—*R. W. Mayston.

Medicine and Surgery.—*H. Fulton.

Medicine and Midwifery.—J. D. W. Beavis, *H. R. Marsh, *J. Moore.

Surgery and Midwifery.—A. E. Porter.

Medicine only.—*C. W. Booker, A. B. Carter, E. F. Clowes, C. R. Evans, *F. A. Godson, F. C. Hitchins, H. Leader, *L. G. Reynolds, A. M. Rygate, *E. T. Scowby, H. V. Smith, R. B. Stamford, *P. G. Temple, *E. R. Thomas, T. J. Vick, *S. Whicher.

Surgery only.—P. J. Curtis, G. E. Duncan, P. C. Higgins, F. W. Lee, N. Y. Lower, C. E. Michael, C. R. Nicholson, H. J. Thomas, A. H. Trevor, *T J. A. Tulk-Hart, *J. P. Watkins

Midwifery only.—C. A. C. Askew, F. H. L. Cloud, Edward Evans, W. A. Fuller, W. A. Horton, J. H. Jones, C. H. Mossop, C. C. Poole, O. C. Worthington.

*Denotes completion of examination.

University of London, January, 1897.

Preliminary Scientific (M.B.) Examination.

Entire Examination.—First Division.—C. H. Dawe, W. M. Robson. Second Division.—C. E. Adams.

Chemistry and Experimental Physics.—A. J. Beadel, †G. B. F. Churchill, W. H. Cole, L. J. Hughes, †E. T. Kendon, G. S. Robertson, F. C. Robinson, †M. D. Wood.

Biology.—†G. T. Collins, †M. A. Collins, †J. Evans, †A. C. H. Gray, †H. C. Keates, †W. G. Parker, †F. L. Thomas.

† These candidates have now completed the examination.

Keogh Presentation Fund.

Fourth List.	£	s.	d.
F. R. B. B., Mount Pleasant, Tunbridge Wells	1	1	0
T. M. N., Guy's Hospital	1	1	0
R. H. L., Burton Road, Derby	1	0	0
H. G. H., Brook Street	0	10	6
J. W. F. J., Guy's Hospital	0	10	0
R. G. P. L., Clifton, Bristol	0	10	6
S. W., Canterbury	0	10	6
L. E. E. V. C., Emsworth, Hants	0	7	6
W. H. J., Guy's Hospital	0	5	0
H. T. H., Heytesbury, Wilts	0	5	0
C. L. H., Kent County Asylum, Maidstone ...	0	5	0
J. H. M., Halifax, Yorks	0	5	0
V. E. H., Croydon	0	5	0
J. W. H. E., Guy's Hospital	0	5	0
H., Guy's Hospital	0	5	0
W. L. G., Guy's Hospital	0	2	6

Should by some inadvertance, any donation fail to have been notified in these columns, would the omittence kindly be notified at once to the Secretary of the fund, Mr. C. E. Carpmael.

A few more donations will be most gratefully received and duly acknowledged.

We wish to acknowledge receipt of the Medical Pioneer, the St. Mary's, St. George's, and Middlesex Hospitals' Gazettes, and the St. Bartholomew's Hospital Journal; also from the Clarendon Press, Professor Arthur Thomson's Handbook of Anatomy for Art Students; from the Savoy Press, Dr. Johnston's Musa Medica; and from H. K. Lewis, Drs. Goodall and Washbourn's Manual of Infectious Diseases. Reviews of these books will appear in due course.

Prize Examinations, 1897.

Competition for the undermentioned prizes will take place on the following dates:—

Junior Prizes for General Proficiency.—Mon., Mar. 22, 10—1, Elementary Anatomy. Mon., July 26, 10—1, Histology.

The Arthur Durham Prizes for Dissection.—Wed., Mar. 10, 10 a.m.

Second Year's Students.—Wed., July 21, 10—1, Anatomy. Wed., July 21, 2—5, Physiology. Thur., July 22, Practical Physiology.

Michael Harris Prize in Anatomy.—Mon., Mar. 15, 10—1 and 2—5, Papers. The date of the *vivâ voce* will be announced later.

Wooldridge Memorial Prize in Physiology.—Wed., June 2, 10—1, Paper. Wed., June 2, 2—5, Practical. Thur., June 3, 10—1, Paper. Thur., June 3, 2—5, Practical.

Senior Prizes for General Proficiency.—Mon., Mar. 22, 10—1, Forensic Medicine. Mon., Mar. 22, 2—5, Public Health. Mon., July 26, 10—1, Pathology. Mon. July 26, 2—5, Midwifery and Diseases of Women. Tues., July 27, 10—1, Pharmacology and Therapeutics. Tues., July 27, 2—5, Mental Diseases.

Fourth Year's Students.—Tues., June 8, 10—1, Medicine. Tues., June 8, 2—5, Medical Jurisprudence. Wed., June 9, 10—1, Diseases of Women. Wed., June 9, 2—5, Surgery. Thur., June 10, 10—1, Clinical Medicine. Thur., June 10, 2—5, Pharmacy, Pharmacology, and Therapeutics. Fri., June 11, 10—1, Clinical Surgery.

Bredin Prize for Clinical Study.—Reports must be sent in to the Dean on or before May 1st.

Beaney Prize in Pathology.—Mon., Mar. 15, 2—5, Paper.

The Treasurer's Medals.—Wed., June 2, 10—1, Surgery. Wed., June 2, 2—5, Medicine. Thur., June 3, 10—1, Commentary on a Case in Medicine. Thur., June 3, 2—5, Commentary on a Case in Surgery. Fri., June 4, 10—1, Clinical Examination in Medicine. Sat., June 5, 10—1, Clinical Examination in Surgery. Operations to be announced later.

Golding-Bird Gold Medal and Scholarship in Sanitary Science.—Thur., Mar. 25, 10—1, Paper. Thur., Mar. 25, 2—5, Practical Work. Fri., Mar. 26, 10—1, Paper. Fri., 26, 2—5, Practical Work.

Dental Prizes.—May, Practical Examinations for Prizes commence—(First Year's Students).—Tues., Mar. 16, 2—5, Anatomy. Wed., Mar. 17, 10—12, Physiology. Wed., Mar. 17, 2—5, Dental Anatomy. Fri., Mar. 19, 2—5, Dental Surgery. 1898 Prizes.—Tues., Dec. 14, 2—4, Metallurgy.

Second Year's Students.—Tues., Mar. 16, 2—5, Anatomy. Wed., Mar. 17, 10—12, Physiology. Wed., Mar. 17, 2—5, Dental Anatomy. Thur., Mar. 18, 2—4, Surgery. Fri., Mar. 19, 2—5, Dental Surgery. 1898 Prizes.—Tues., July 20, 2—5, Dental Mechanics (Paper). Thur., July

22, 2—5, Operative Dental Surgery (Paper), Fri., July 23, 2—5, Dental Microscopy.

No Candidate will be allowed to compete for any Prize unless he has given notice in writing to the Dean at least *fourteen clear days* before the commencement of the Examinations.

The examinations for the Open Scholarships in Arts and Science will be held on September 21st, 22nd, and 23rd.

Sport.

Association Football.

GUY'S v. WEYBRIDGE.

SURREY SENIOR CUP.

This match was played on Saturday, January 30th. There seemed little chance of the frost breaking on Friday so as to allow this important fixture being carried out. But a thaw commenced during the night and the team received a wire on Saturday morning which brought them to Weybridge.

After the referee had pronounced the ground fit, Guy's kicked off up the hill, but were almost immediately deprived, and Weybridge commenced a series of assaults on Barker. From one of these, Cotterill (who by the way was altered in appearance, though as big and formidable as ever) was able to score a fine, albeit possibly a lucky goal. Still Guy's could make but little headway, and a fine effort by the Weybridge left put them two goals up. From this point a complete change came over the game, and the Guy's men woke up and seemed to realize they could be and were the equals of their opponents. Guy's carried the ball time after time to the Weybridge goal, and after some capital work on the left, Humphry was able to put in a fine centre which Mandy turned to account. Soon after this Weybridge, from a corner, were able to score a third goal well out of Barker's reach. Half-time, Weybridge, three goals; Guy's, one goal.

Playing with the slight slope, Guy's immediately attacked, and it seemed really marvellous how the Weybridge goal escaped. Humphry, Hughes, and lastly, Swan, all were afforded chances of scoring, the latter shooting twice into the goal-keeper's hands from a three yards' range. Hall (who had been looking after Ward in a masterly fashion) struck the cross-bar with a hot shot, and the ball rebounding into play, Mandy was enabled to place it in the net—but this point the referee refused to allow, on account of the goal-keeper being obstructed—a doubtful decision. Weybridge occasionally broke away, but our defence was playing so admirably that they were allowed but few chances, though Crosby was able to make one of his characteristic saves. The Guy's forwards, well fed by their backs, were able to break through the Weybridge defence, to be time after time called back for "off-side." Humphry especially seemed to be a sufferer, as on two occasions at least he was clean away when the whistle went without further addition to the score. Weybridge therefore won by three goals to one. Luck was against the team, and the Surrey Pot has gone for another season.

The game, a fine one to look at, was very unsatisfactory to the Guy's team, who for once at least were as good as their doughty opponents. Barker did all that was wanted of him in good style. Longhurst and Robson have never played better, especially the former. The halves were as good as ever; Hall paying marked attention to Ward, MacAlpin and Crosby to Cotterill. The forwards were fair, Whitcombe, Hughes and Humphry (the latter with a nasty cut on his shin) put in some good individual work, but they did not combine well, and so lost opportunities. Swan was not up to form, though he tried hard. One Guy's man urged on his team, from the grand stand. Is this a record? Team:—

GUY'S.—H. M. Barker (goal); W. M. Robson and E. A. Longhurst (backs); R. B. Hall, J. G. MacAlpin and A. E. Crosby (halves); P. S. Mandy, R. H. Swan, A. Hughes, L. Humphry and C. F. Whitcombe (forwards).

GUY'S 1ST XI. v. EWELL.

On February 6th, the eleven, minus Humphry, whose leg still gave him trouble, visited the Ewell slopes.

The game was a good one, the Hospital eventually winning by three goals to one. Ewell scored first, a goal which might possibly have been avoided, had Barker left his charge sooner. Guy's then put on two goals during the first half, Ash and Thornely putting on the finishing touches.

During the second half, which went very much in Guy's favour, Hughes scored twice, but had one goal disallowed for off-side. Guy's played distinctly a good game, the defence looking after the two Whites and Porter. Barker's display in goal was about his best this season, for barring the first goal he hardly made a mistake, and brought off one capital save high up in the left-hand corner of the goal. Robson has quite returned to form. Ash and Thornely worked well, the latter taking Swan's place at inside right.

The team, for the credit of the Hospital and themselves, must keep thoroughly fit for the Bart's match at Leyton next week. Team:—

GUY'S.—H. S. Barker (goal); W. M. Robson and E. A. Longhurst (backs); R. B. Hall, J. MacAlpin and A. E. Crosby (half-backs); P. S. Mandy, M. H. Thornely, Hughes, J. Ash and C. F. Whitcombe (forwards).

Rugby Football.

GUY'S v. MIDDLESEX.

INTER-HOSPITAL CUP TIE, FIRST ROUND.

THIS match was played on Thursday, February 2nd, on the Richmond Athletic Ground.

The kick-off was timed for 3.15, and the teams turned out well before time. The attendance was very small, not more than forty spectators being present. We were glad to see Drs. Bryant, Hamilton, and Stevens present. When the kick-off time arrived, no referee had put in an appearance, which necessitated a hunt for one in the neighbourhood. The hunt was unsuccessful, and, eventually, Dr. Bryant was asked to undertake the duties of that important and unenviable post.

Guy's losing the toss, had to defend the goal nearest to Kew, and kicked off about a quarter to four. The ball was returned by a Middlesex three-quarters to Alexander, who sent it into touch about the "Sex's" twenty-five line. Upon the throw-out, a series of scrums followed, in which a good deal of ground was lost through our forwards not settling down to their work quickly. The defence of our back line was good, and no great danger threatened our goal, play being chiefly confined to neutral ground. Our three-quarters now showed some of their running powers, the ball travelling all along the line, but Morgan unfortunately was unable to keep out of the bottom touch. Then followed some rather loose scrum work, the ball eventually finding its way to the top of the ground. From a scrum here, Wetherell got the ball, and with a brilliant rush managed to cross the line rather wide of the post, but was unable to get round. Alexander took the kick, which was not an easy one, but though the attempt was good, the point was not improved upon. The ball being re-started, was returned to the Middlesex twenty-five, where play once more settled down, the play being chiefly confined to the forwards. Eventually, from a combined rush our forwards got the ball over the line, and Bagshawe obtained a second try for us in almost the same place as the first. The kick again failed. Middlesex tried very hard to break through and score, but Ransford at back, by splendid play generally, managed to return the ball well up the ground, and the excellent collaring of our three-quarters more than once put an end to threatening danger. Just before the call of half-time, Morgan had hard luck in not scoring by being held on the line. No further score was added, and the sides crossed over, Guy's being six points to the good.

The ball was restarted by Middlesex and, for a time, play was in Guy's territory, but some excellent play on the part of our three-quarters and halves resulted in the attack being concentrated upon the Middlesex goal, and eventually Rae, with a magnificent run, crossed the line at the bottom end. Our opponents, however, claimed that he had gone into touch, and the point was eventually settled in their favour, though the linesman was not of the same opinion. It was hard luck on Rae as the run was fully deserving of the try, but a few minutes aftewards from another very fine pass from Clarke, Rae again got the ball and simply raced round the opponents' backs and got the ball well behind the posts. Morgan took the kick this time and easily converted. Wetherell was the next to score and, after some very pretty play, got the leather well behind the posts. Morgan took the kick and again successfully converted. (16 points—0).

Middlesex upon restarting made strenuous efforts to score, but our team were now working well together and the ball was carried back to their twenty-five line. Our final try was obtained from some loose foot work in which all hands seemed to be engaged, and the credit of gaining it must be equally given to Alexander and Wetherell, who both got their hands on to the ball at the same moment after it had crossed the line. Morgan was again successful in converting.

Time was called soon after this, leaving Guy's winners by three goals and two tries (21 points) to nil.

All praise is due to Ransford for his excellent kicking, to all the three-quarters, who showed up brilliantly. Clarke was unfortunately far from well that day, but in spite of that played a hard and pluckly game. Wetherell at half was smart, and Walker, though at times somewhat slow, at getting the ball away to the outsides, played a good game, and attacked his opponent more than once. In the latter stage of the game the forwards played well, breaking up quickly and using their feet to great advantage, but to start with they were not working at all well. Team:—

GUY'S.—A. C. Ransford (back); T. Morgan, H. W. Clarke, K. B. Alexander, F. L. Rae (three-quarter backs); F. E. Wetherell, F. E. Walker (half backs); W. Gwynne, F. G. Gibson, H. V. Bagshawe, D. H. Traill, E. Cohen, P. D. Hunter, F. R Featherstone, J. W. Gardiner (forwards).

GUY'S v. ST. GEORGE'S.

INTER-HOSPITAL RUGBY CUP.—SECOND ROUND.

University having scratched to St. George's in the first round of the Inter-hospital Cup, and Guy's having defeated Middlesex, these teams met in the second round on Monday, February 8th, at the Richmond Athletic Ground. There was a capital attendance of spectators, who witnessed a far better game than the final score would suggest, for, although Guy's were always the better team, the St. George's men worked hard, and it was only towards the end that Guy's had it their own way. In the pack Guy's were very much the stronger, and although their three-quarters were the cleverer, it was not until shortly before half-time that they were able to score, Alexander putting in a very fine run and passing to Clarke who got over. Morgan's attempt at goal failed.

Soon after changing ends, Alexander was again prominent. From a scrum, Walker made an opening, and Rae, taking a good pass from him, scored behind the posts. Morgan easily converted. Carter had played a very sound game at back for St. George's, but from this point their defence was not nearly so good, and Guy's did much as they liked. Morgan put on another try which Walker failed to improve, while just before the finish Alexander came out with a nice run, but was collared just on the line. Wetherell picked up from the scrum, and rushing round scored between the posts, and with Morgan scoring the goal, Guy's left the field victorious by two goals and two tries to nil.

The tackling all round was wonderfully smart, the backs rarely making a mistake. Guy's three-quarters were well together, while Wetherell at half played a sound game, as also did Ransford at back. Team:—

GUY'S.—A. C. Ransford (back); T. Morgan, H. N. Clarke, K. B. Alexander, F. L. Rae (three-quarter-backs); F. C. Wetherell, F. E. Walker (half-backs); E. G. Goddard, F. E. Gibson, H. V. Bagshawe, D. H. Trail, E. Cohen, J. N. Gardiner, P. D. Hunter, F. R. Featherstone (forwards).

This match was looked on with considerable interest, as St. George's had a high reputation from last year when they played St. Thomas's (I think in the final) and were only just beaten, after having the best of the game. As it turned out they were a good team, and if their men had only been as fit as our own, I don't think there would have been anything like so big a score, although I do not think they could have won as their scoring power was decidedly weak. Our team, taken altogether, is a decidedly good one, there being only one or two weak spots, and is I think the best all round that the Hospital has turned out for some years. Ransford when first seen makes one very nervous, but this gradually wears off, he certainly delays his kicks rather too late, but keeps a fair length and finds touch well. The three-quarters played very well together and if only Alexander would not sometimes try and go too far before passing (as he did glaringly once in this match, thereby losing a really good opening) and Morgan only a wee bit faster, we would have a really first rate set. "The diss-appointed half" was the best man on the field. Walker must learn that when he runs through he has to move at his very best pace, and if no one gets up to him when he reaches the full back it is not his fault, but I don't think that with Rae on his wing he need fear it. The forwards were good and played with rare dash, Gardiner taking the palm in this respect, but he needs to pass steadier. The forwards must remember that when they come round with a wheel they have to go straight with a rush and not push quietly across the field. The prospects for "the cup" are of the best, and I really think that sundry moneys expended on Thomas's and Bart.'s men is going to return to their original owners. If the team only play at their best and do not get scared at one or two men who may have a name (for what is in a name), and keep really fit, they will not only bring back the cup but the ball (to be put in a glass case in the smoking room) as well.

A SPECTATOR.

GUY'S 1ST XV. v. MARLBOROUGH NOMADS.

This match was played on the Surbiton Cricket Ground, which was in excellent condition, on Saturday, February 6th. Guy's were without Gwynne forward, but were otherwise at full strength, while the Nomads had a very fair team out. Losing the toss, the Hospital faced what little wind there was, Goddard kicking off. The whole of the first half was very evenly contested, the struggle being keenest between the two sets of forwards, but the seat of play was for the most part in the home team's half of the ground. About ten minutes from half-time Rae received the ball by the twenty-five line, and had no difficulty in scoring wide out; the kick failed. This was the total scoring in the first half, Guy's crossing over leading by a try.

A wonderful change then came over the game. Our forwards playing splendidly together, had by this time got the better of the opposing pack, and from now to the end had practically all the game. Rae quickly scored a couple more tries, one a spanking dash up the touch-line, and he was followed by Alexander and Clarke who put on two more. Gardiner nearly followed suit, getting the ball in the loose and punting over the back's head, but Greg was able to prevent him scoring. Just before the end, Rae intercepted a pass and put in a brilliant run in which he evaded all pursuit and scored close to the posts, this was the last try obtained. All the kicks taken by Alexander and Walker failed, Morgan's alone being successful. The final score was thus one goal five tries (20 points) to nil. Team:—

GUY'S.—A. C. Ransford (back); F. L. Rae, K. B. Alexander, H. N. Clarke, T. Morgan (three-quarter backs); F. C. Wetherell, F. E. Walker (half-backs); E. G. Goddard, F. G. Gibson, E. Cohen, H. V. Bagshawe, D. H. Trail, P. D. Hunter, F. R. Featherstone, J. N. Gardiner (forwards).

Referee:—E. Gardiner, Esq., (L.R.U.S.R). Linesman:—T. R. Beale-Browne.

GUY'S 2ND XV. v. BECKENHAM.

Played at Beckenham on Saturday, February 6th, the ground, in spite of the recent heavy rains, being in excellent condition.

Evans kicked off for Guy's, who immediately started pressing, but the ball was soon worked back by the Beckenham forwards to the half-way line, where a series of scrums ensued. Williams headed a rush back to the home twenty-five line once more, but in spite of the good heeling out of the forwards, the halves refused to give the ball to the three-quarters, and so one or two good chances of scoring were thrown away. From near the centre flag the Beckenham three-quarters got possession, and passing well, nearly succeeded in scoring, but Brydone saved in the nick of time; from the ensuing scrum the forwards, headed by Row and Smith, made a grand rush to the centre flag, and play was once more near the Beckenham twenty-five line. A neat bit of passing by the Guy's three-quarters nearly enabled them to score, but Brydone stuck to the ball too long, and what seemed a certain try was thrown away. Guy's continued to press although unable to score, and nothing of note happened except a good run by Barrow, who just failed to run round the full-back. Half-time arrived with no score.

On play being resumed the Beckenham forwards bucked up strongly, and seemed likely to score, but their effort soon died away, and play for the rest of the game settled down in the home territory. About twelve

minutes before time Dowsett initiated a series of passing which enabled Brydone to score close to the posts, but he failed to convert. Almost directly afterwards Dowsett scored a brilliant try, running through a host of opponents, but the kick was again a failure. The Beckenham team seemed quite demoralised now, and Dowsett scored another try close to the posts which was not converted. The whistle then blew leaving Guy's victorious by three tries to nil, a score that might have been considerably bigger if the halves had not played such a selfish game. The forwards all played well, and Hilton at full-back was a decided success. The three-quarters tackled and kicked well, but had few chances of attacking. Team:—

GUY'S.—C. T. Hilton (back); J. Harris, J. M. Brydone, G. Evans, H. Barrow (three-quarter-backs); A. Kinsey-Morgan, E. Dowsett (half-backs); E. R. Row, N. Williams, C. F. Watson, A. A. Smith, K. V. Trubshaw, A. W. Gater, —. Nanson, —. Wall (forwards).

Guy's Hospital Swimming Club.

The annual general meeting of the above club was held in the Anatomical Theatre on Tuesday, February 9th at 4 p.m., A. D. Fripp, Esq., M.S., the president of the club being in the chair. The minutes of the last annual meeting were read and confirmed, and the balance sheet passed. Mr. Fripp was re-elected president, and Mr. Dunn and Dr. Fawcett, vice-presidents for the ensuing season. The undermentioned were elected as officers for the year, viz:—Captain: A Styer; Vice-Captain: G. Marshall; Hon. Secretary and Treasurer: C. B. Sells; Committee: (first year) G. Evans; (second year) D. H. Trail; (third year) E. F. Hardenberg; (fourth year) G. D. Slater; (fifth and senior years) J. L. Payne.

A vote of thanks to G. Marshall for his past services as Hon. Secretary and Treasurer, and to Mr. Fripp for presiding, terminated the proceedings.

C. B. SELLS, Hon. Sec.

A Fact.

SCENE—*Consulting Room.*

Father: Look here, Doctor, you said this morning my son's temperature was 104°.

Doctor: Yes—that is so.

Father: Well, you see, you ordered him to be covered with a blanket—that would make it high.

Explanations.

Father: But I took the temperature myself this morning and it was only 90°.

Doctor: Indeed—a most interesting observation; never took one so low myself. Did you take it with a thermometer like this?

Father: Yes, and I took it again this afternoon, and it was only 80°.

Doctor: You astonish me, for I never knew a case where the temperature was so low; yours is a *most* interesting observation. Are you sure you took it with a thermometer like this? (*holding up a clinical thermometer*).

Father: Oh no; I took it with the garden thermometer.

More explanations.

A clinical thermometer lent and temperature taken by Father—result 104°.

From the Gazette's Special Pathologist.

NOTICES.

O. BLETCHINGLEY.—After incubation on blood-serum, the resulting growth consisted of staphylococci only. No Klebs-Löffler bacilli could be detected.

E. R. M. HASTINGS.—No Tubercle Bacilli could be found in the sputum. PATHOLOGIST.

Appointments.

Since our last issue Mr. A. E. Porter has been appointed Gynæcological Assistant, *vice* Mr. F. C. Thomas, resigned.

CIVIL.

BRODRICK, C. CUMBERLAND, L.R.C.P., L.R.C.S. Edin., has been re-appointed Medical Officer for the Whitchurch and South Lydford District of the Tavistock Union.

BRYANT, H. A., L.R.C.P. Lond., M.R.C.S., has been re-appointed Honorary Surgeon to the Westminster Hospital, Shaftesbury.

JONES, C. STURGES, M.R.C.S. Eng., L.S.A., has been re-appointed Medical Officer of Health for Chichester.

PUZEY, CHAUNCY, F.R.C.S. Eng., L.R.C.P. Lond., has been re-appointed to the Northern Hospital, Liverpool.

NAVAL.

DEPUTY INSPECTOR-GENERAL THOMAS H. KNOTT to the *Vivid*, additional, for temporary service at Plymouth Hospital.

SURGEON LAWRENCE BIDWELL to the *Royal Oak* (Mediterranean).

SURGEON ROBLEY H. J. BROWNE to the Royal Marine Depôt, Walmer.

There will be an examination in May for Naval Medical Service. Exact date and number of vacancies will shortly be announced.

A revised system of marking will come into force, it is expected, this time, less being given for chemistry, and additional marks for the more strictly professional subjects.

MILITARY.

SURGEON-LIEUT. C. M. FLEURY, A.M.S., is promoted to be Surgeon-Captain.

Births.

BATES.—On January 28th, at Church Road, Upper Norwood, the wife of J. Curling Bates, L.R.C.P. Lond., M.R.C.S., of a son.

CLOWES.—On January 29th, at 56, London Street, Reading, the wife of Norton B. Clowes, L.R.C.P. Lond., M.R.C.S., of a daughter.

RYLE.—On February 3rd, at Hadley, Barnet, the wife of Reginald John Ryle, M.D., of a daughter.

ED.—F. E. F.

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Calendar of Coming Events.

Feb.

Sat. 27.—Mr. Lucas's take-in; Ds. H. W. Bruce and P. Turner; Cl. G. K. Levick.
1.15 p.m., Clinical Lecture by Dr. Goodhart.
G. H. R. F. C.—I. Kensington, home.
II. Maidstone, away.
G. H. A. F. C.—I. Barnes, at Guildford. Semi-final of Surrey Charity Cup Tie.
II. Old Wilsonians, away.
III. Lennox.
2.32 train from Liverpool Street for Ten Miles Inter-Hosp. Cross-Country Challenge Cup.

Mar.

8 p.m., Smoking Concert in Hall.

Mon. 1.—Names due for Beaney, Michael-Harris and Dental Prizes.
April Appointment List opened.
Revision Classes for L.D.S. Eng. begin.

Tues. 2.—4 p.m., Clinical Lecture by Dr. Galabin on Hysterectomy for Uterine Cancer.

Mar.

Tues. 2.—1.30 p.m., Clinical Lecture by Mr. Lucas on Some Injuries to the Head.
7 p.m., Officers and Servants' Dinner.
Replayed Inter-Hospital Rugby Cup Tie v. St. Bart.'s. Train 2.5, Waterloo to Richmond.

Wed. 3.—Mr. Golding-Bird's take-in; Ds. H. B. Berncastle and E. G. Goddard; Cl. J. T. Roberts.
G. H. A. F. C.—I. St. Bart.'s Hospital at Leyton. Semi-final of Cup Tie.
G. H. R. F. C.—III. Cent. Tech. Coll., home.
Application to Medical Office for Schedules for the 1st and 2nd Conjoint Exams., not later than this date.

Thur. 4.—7 p.m., "Goblins'" Dinner.

Sat. 6.—Clinical Lecture by Dr. Goodhart.
G. H. R. F. C.—I. Richmond, away.
II. L. & W. Bank, home.
III. W. London "A," away.
G. H. A. F. C.—I. Bexley, away.
II. Vampires, home.
Physical Society. "Glaucoma": its Etiology and Pathology, by A. W. Ormond.

Mon. 8.—April Appointment List closed.
Names due for General Prizes.
1.30 p.m., Clinical Lecture by Mr. Lucas.

Wed. 10.—Mr. Howse's take-in; Ds. H. Fulton and H. S. Turner; Cl. C. Jephcott.
Exam. for Arthur Durham Dissection Prizes.
Practical Exams. for Prizes commence.

Thur. 11.—Names due for Golding-Bird Medal and Scholarship.

Sat. 13.—Clinical Lecture by Dr. Goodhart.
G. H. R. F. C.—I. Old Merch. Taylors, home.
III. Hampstead II., away.
G. H. A. F. C.—I. Surbiton Hill, away.
II. Ditto, home.
8 p.m., Debating Society, Ladies' Night.

Guy's Hospital Gazette.

FEBRUARY 27, 1897.

Appendicitis.

CLINICAL LECTURE BY DR. NEWTON PITT, JANUARY 23RD, 1897.

GENTLEMEN,—Let us take for our consideration a disease which appears to be very common at the present day, viz., Appendicitis. The symptoms under which the cases present themselves vary so much; there still remain so many differences of opinion upon the details as to the treatment to be adopted; and the pathology remains so obscure that several lectures might be devoted to the question without exhausting the subject.

To-day I only propose to refer to a few of the points of greater interest.

First and foremost is the most remarkable fact that the number of cases admitted into the medical wards has very greatly increased of recent years, as an examination of the following tables will show. Moreover, both the percentage mortality and the total number of deaths has increased.

Cases of appendicitis and perityphlitis admitted into the medical wards:—

YEARS.	NUMBER.	DEATHS.
1880	5	0
1881	12	2
1882	12	1
1883	17	4
1884	8	1
1885	3	0
1886	12	0
1887	11	1
1888	12	0
1889	9	2
1890	14	3
1891	21	5
1892	13	2
1893	5	1
1894	30	4
1895	40	7
Total	224	33

It is not easy to determine what is the risk of the various forms of appendicitis. The mortality of the total series of cases for the 16 years is

15 per cent. The later increased severity is shown by the fact that the mortality for the first half of that period is 11, and for the latter half, 17 per cent., and this is in spite of the enormous advances abdominal surgery has made during the last few years, which have greatly reduced the risks of operations.

The fairest way is to group the cases into those who are admitted with—

1. General suppurative peritonitis. Every case or almost every case not operated upon dies; of those operated upon, but very few survive, whether the abdomen be drained with gauze or tubes, or whether it be flushed out.

2. Local suppuration. The mortality of the combined groups (1) and (2) is about 50 per cent., which will give about 30 per cent. for the cases in this group.

3. Local inflammation without suppuration. The mortality of this group is under 10 per cent.

4. Recurrent cases, which come for removal of the appendix during a quiescent period. The mortality of these is under 2 per cent.

There is no doubt that at the present time the mortality of the groups (2) and (3) is much less than that given; and as the importance of early operation in these cases is more generally appreciated it will become even less.

These tables support the impression gained from personal experience, viz., that the disease has of recent years become much more common, and is met with in a much more severe form than formerly. It is especially to be noted, that as many as 70 cases were admitted during the last two years, 1894 and 1895. The suggestion that the cases are diagnosed and sent into the hospital sooner, will not suffice to explain this.

Some years ago an abscess in connection with the appendix was not excessively common, yet I have had more than six cases under my care during the past few weeks, admitted with suppuration due to this cause; a greater number than was admitted into the hospital in former years, within six months. It is not unworthy of consideration, whether the general custom which now prevails of giving opium instead of a laxative as was formerly the case, may not be one factor which has led to such a greatly increased number of severe cases; but the type of the disease has certainly altered, and new factors in the causation of the disease have arisen, one of which is influenza.

An examination of the 101 cases admitted during the ten years, 1880 to 1889, shows that the majority of the cases occur between the months of April and August; we are still uncertain as to the definite causes of appendicitis, but probably they are all infectious processes, and such may explain the unequal incidence of the disease in the various seasons.

Cases admitted in—

January	7
February	7
March	8
April	14
May...	12
June	12
July...	6
August	11
September	8
October	6
November	9
December	1
	101

An examination of our list of cases shows that there were 160 males to 64 females, *i.e.*, 70 per cent. of the cases were in males.

122 cases occurred between the ages of 10 and 20, 56 between the ages of 20 and 30, and 16 between the ages of 6 and 10, none having occurred under the age of 6, and only 7 cases occurred beyond the age of 40, while the diagnosis, in some of these latter, was doubtful.

The age at which the great majority of the cases occur, is when the lymphatic tissues are most susceptible to disease, viz., between the ages of 10 and 20; which is also true of tonsillitis.

The following are briefly the chief features of three cases, that were admitted with general suppurative peritonitis, which terminated fatally.

A.—A boy, aged 10, was admitted on the 15th of January, with a history of eight days' vomiting and diarrhœa, peritonitis having been diagnosed five days previously. The pulse was 116, the temperature 99·8°, the abdomen distended and did not move with respiration, the eyes were sunken.

Such a case, if left alone, was bound to die; whereas by operating, a small, but it is to be hoped an increasing proportion have a chance of recovering. Unless the extremities are livid, the face bathed in a cold sweat, and the pulse over 120, and excessively feeble, it is best to give the patient the benefit of an operation.

Mr. Jacobson opened the abdomen, and let out a quantity of foul gas and turbid fluid, making a counter opening in the right iliac region. The abdomen was flushed out and drained; the boy's pulse continued to fail, and, without rallying, he died eight hours later.

A rapid accumulation of a large amount of foul fluid, without much lymph or pus formation is most unfavourable, as indicating great

virulence of the organisms, and but little reaction on the part of the patient. A large amount of lymph formation, or even a collection of laudable pus, is far more promising.

B.—A man, aged 27, was admitted on January 1st, who had been attacked eight days previously with intense abdominal pain, followed by vomiting and diarrhœa, which was soon succeeded by constipation. For the past four days he has not had his bowels opened, nor has he been sick. He was admitted with a pulse of 120, temperature 100·4°, sunken eyes, complaining of discomfort rather than pain from the distended abdomen, which was rigid, and the walls were slightly œdematous. Mr. Jacobson opened the abdomen, and let out intensely fœtid sero-pus; there was a considerable amount of lymph among the intestinal coils. A second opening was made in the right iliac region, and the abdomen was washed out; a small mass of fæcal matter was removed from towards the right side. Drainage tubes were inserted in the pelvis and to the right. The man was extremely collapsed after the operation, but revived on stimulation. Next morning a turpentine and castor oil enema brought away a quantity of fluid fæces, and relieved his discomfort.

The patient became very restless towards the evening, and towards midnight he had a running pulse, and became collapsed. On the 3rd he was less collapsed, the drainage tubes were kept constantly aspirated, and some fæces came through the iliac wound. The patient's condition becoming worse, at 3 p.m. on the 4th the iliac wound was opened up, and a tube tied into the fæcal fistula. Foul fluid was let out from the abdomen, and a further incision liberated more, from the left iliac region and from above the umbilicus to the left. The abdomen was again irrigated. The patient gradually sank, dying at 10 p.m., three days after the first operation. In this case there was more tendency for the collections of fluid to become loculated, but it was not found possible to keep the whole draining. A large collection was afterwards found between the liver and the diaphragm, where it often tends to collect.

C.—A boy, aged 15, was admitted on January 13th with a history of repeated attacks of colic during the past three or four years. These generally kept him from his work for a day or two, and confined him to his bed. A week ago he was seized with sudden severe abdominal pain in the right iliac region, since when he has passed neither fæces nor flatus. The vomiting has been profuse and frequent.

Pulse 120, and feeble. Mr. Jacobson opened the abdomen and let out a large quantity of foul pus. A loose concretion was removed. The boy's condition was too critical to allow of any prolonged hunt for the appendix. The boy was so violent and restless after the operation that it was necessary to give him an injection of morphia. He was better in the morning, but his pulse failed in the afternoon, and he died. No accumulation of fluid was left behind; there was some sticky lymph over the whole peritoneum.

In each of these cases more than a week had elapsed after the onset of the attack before the patient was admitted.

If you propose to deal with a perforated gastric ulcer by operation, you have no time to spare, but must explore at once, even at the risk of being sometimes mistaken. A delay of twenty-four hours will probably be sufficient to destroy all chance of success. With cases of appendicitis it is different; it is unnecessary to operate at the onset of every attack of acute appendicitis. It is a still greater mistake to wait until there is a general peritonitis. It is quite hopeless, if practitioners wait until general peritonitis has developed, before they send the cases into the hospital, to expect any appreciable good from operation. Choose the happy mean. In most cases you can afford to watch the case for four or five days from the onset, until there is sufficient evidence that pus is forming, but if with starvation and rest there is still evidence of severe pain and ingravescent mischief, it is wiser to operate than to wait. Never wait for fluctuation; be satisfied with the ingravescent local tenderness, the local resistance, the pyrexia, the tumour, the vomiting, and not infrequently a barely appreciable œdema of the abdominal wall, which is a sign of great importance.

The following are three cases which have recovered:—

D.—A boy of 13, who had been ill for five days, and for four he had had severe abdominal pain, with a tumour in the right iliac fossa, and constipation. He was admitted with an acute cellulitis of the neck, with a metastatic parotitis, yet he did not appear extremely ill. There was no general tenderness of the abdomen. Mr. Symonds opened the abdomen and let out a large quantity of sero-pus: in fact, much more than we expected. The parotid was incised, and the boy made an excellent recovery, although the extremely tense tissue in the neck sloughed and facial paralysis resulted.

There is still some uncertainty as to whether it is unnecessary to remove the appendix in

these cases. Generally, if there is an abscess, the appendix is so far destroyed as to give rise to no further trouble, but sometimes recurrent attacks may again occur, in which case it must be removed. Where there are recurrent attacks without suppuration the appendix should be removed during a quiescent period.

E.—A girl, aged 18, was admitted into Miriam, under Dr. Pye-Smith, on November 18th. Five days previously to admission, she was seized with intense abdominal pain and vomiting; she stayed in bed for three days when, on attempting to get up, she had such an intense pain that she vomited. Her abdomen became increasingly tender, while the temperature and pulse rate rose; she also continued to vomit. The bowels were constipated. When I saw her on admission, her pulse was 170 and her temperature 102°. She did not look very ill, she was not complaining of pain, her abdomen was distended. Enemata of castor oil and turpentine were administered at night removing scybalæ, and it was decided to delay any operation until the morning.

Mr. Jacobson opened the abdomen and found the intestines glued together with lymph, and there was some serous fluid. A collection of pus, about ten drams, was found in the pelvis, and drained. The appendix was not seen, and there remained some doubt as to the origin of the mischief.

The wound had healed by the 10th of December, and she was able to be up on a couch. By January 4th the lower end of the wound reopened, and led down by a long track into the pelvis. On January 19th, an intestinal concretion was extruded from the sinus, clearing up the diagnosis. At the present time the girl feels well, but the sinus persists.

F.—A girl, aged 21, was admitted into Mary ward, under my care, on December 18th, giving a history of an acute attack of abdominal pain a month previously, which gradually cleared up. A similar attack occurred the day previous to admission after a hearty meal. Temperature 100°, pulse 96; herpes on the lips; the abdomen was distended in the lower half, was tender, and moved imperfectly with respiration. She was put on low diet, enemata were given, and the pain became more localised. Thirty-six hours after admission, Mr. Jacobson opened the abdomen; turbid fluid was let out, the abdomen irrigated, but the appendix was not seen. The wound was closed up, it united by primary union, and she made an uninterrupted recovery.

These cases form a very instructive series, and without surgical interference none of them would have survived. In all, the appendix had probably sloughed, and in some a concretion was found.

On Appendix Concretions.

Previous to 1870, it was taught in the text-books that these concretions were cherry stones and other foreign bodies. Such are excessively rare, the lecturer having only met with one case in which there was a foreign body found, viz., a pin. The lecturer paid a tribute to Dr. Wilks' careful observation, and said that forty years ago Dr. Wilks had pointed out in the Pathological Transactions, that contrary to the current opinion, these concretions were of intestinal origin. It is a mistake, however, to say that these concretions are fæcal. Talamon and others have supported this view, and have suggested that they consist of fragments of fæces which have pushed their way with much difficulty into the appendix, but this view is unsupported by sufficient evidence. Rochaz of Lausanne published in a graduation thesis in 1895 the results of examination of sixty-five of these, and has shown that they are not spherical as stated, but are always elongated, frequently one end being the larger; they vary in size from a cherry stone to an almond, and greatly as to their density, sometimes being stony hard. Their structure is laminated, they consist of epithelial cells, leucocytes, mucus and fatty material soluble in ether, combined with the phosphates and carbonates of lime and magnesium. They are brown in colour, and have a fæcal odour. Beyond possibly a minute fragment in the centre they do not consist of fæces.

*Dr. Berry of Edinburgh has shown how difficult it is to pass water even post-mortem from the cæcum into the appendix, how small the orifice is, and that it is frequently placed obliquely. Moreover, Ribbert has shown that when stained by Weigert's method, sections of concretions show laminæ of mucus in the outer part.

Experiments on animals have shown that concretions can be formed in portions of the intestine, when ligatured and cut off from the rest of the intestine, similar in appearance to those found in the human appendix.

The general conclusion to be drawn, is that the concretions are local formations, and that many of the symptoms are due to the over distension of the appendix either behind them,

* Pathology of the Vermiform Appendix.—*Journal of Pathology*, vol. iii.

when they block the opening into the cæcum, or may arise from the swollen condition of the lymphatic tissue at the orifice of the canal.

I have to thank my Clinical Assistants, Messrs. V. E. Collins, G. K. Levick, and C. Jephcott for the time and labour they have spent in collating for me the statistics of the cases from our records.

An examination of the surgical records during the same period, *i.e.*, from 1880 to 1895, shows that there were 77 cases admitted with 10 deaths, a mortality of 13 per cent. Of these only 15 came in during the first half of the period. In 9 cases there was general peritonitis, one case recovered and one died from tuberculous peritonitis. Twenty-six cases were admitted with localized abscesses, of which two died, a mortality of seven per cent. During the last three years of the period the appendix was removed during a quiescent stage from 14 patients; one of the cases died under the anæsthetic. In seven cases the abdomen was opened during an acute attack, but no abscess was found. They all recovered.

102 cases have been admitted into the hospital during the two years 1894 and 1895, and not twice as many during the preceding 14 years.

(To be continued.)

The Question of Castration for Enlarged Prostate.

A paper read before the Physical Society on January 23rd, 1897, by F. E. Fremantle, B.A.

Scheme.

Prologue.—Eunuchs in classical literature, in Egypt—Persia—Rome—Greece; in modern times, in Africa—China—Italy—Abyssinia; in religious history, in early Christian Church—in Russia. Castration as a form of criminal punishment.

Introduction. — Prostate sexual, not urinary. Its development not closely comparable to the uterus.

Signs of relationship between Prostate and Testes.—

a. Their parallel development, or non-development, as after juvenile castration, (i.) in man, (ii.) in lower animals.

b. Their parallel variation according to the season in mole and hedgehog.

c. Shrinking of prostate after adult castration, (i.) in man, (ii.) in lower animals.

d. Shrinking of hypertrophied prostate after castration.

e. Analogy of oöphorectomy for uterine fibro-myomata.

Rationale.—Theories of action:—

I. Local. (*a*) Direct through (i.) vas, (ii.) nerves, (iii.) veins, (iv.) lymphatics.
(*b*) Indirect through spinal nervous centre. (i.) Statement. (ii.) Objections. (iii.) Argument from results of unilateral castration.

II. General. (*a*) Through central nervous system.
(*b*) Metabolic; or theory of internal secretion. (i.) Definition of term. (ii.) Spermin. (iii.) Brown-Séquard, Zoth and Pregl, Legeau. (iv.) Histological evidence. (v.) Possible truth of this theory as regards general sexual characteristics.

Pathology of enlarged prostate:—

(*a*) Microscopic. Two stages; (i.) glandular, (ii.) fibrous.

(*b*) Macroscopic. (i.) Direction of growth; (ii.) weight; (iii.) size; (iv.) shape; (v.) prevalence; (vi.) age; (vii.) etiology.

Surgical treatment. — Condition probably already advanced. Immediate measures. Ultimate measures. (i.) Catheterism, dilatation, and rest; (ii.) drainage; (iii.) prostatectomy, with or without drainage; (iv.) unilateral or bilateral castration; (v.) unilateral or bilateral vas-excision; (vi.) ligature or excision of vessels or of entire cord.

Castration.—Suggested by Professor J. W. White, of Philadelphia, in 1893. First two cases by Professor Ramm. White's report in 1895. Objections by Dr. A. T. Cabot of Boston and others. McEwan's paper in 1896. Etiology; speculative. Mental symptoms. Indications for operation (Jacobson). Handley's incision. Guy's results. Unilateral castration.

Vas-excision.—Suggested by Mr. Harrison. Varying results. Rationale. Griffiths' experiments.

Need of accurate reports. Nomenclature. Conclusions. Chief Bibliography.

Gentlemen,—It is the honourable lot of the reader of a paper before this Society to address himself to an audience who are taking some slight recreation at the end of a hard week's work, and who, at the beginning of the evening, are composing themselves as far as may be into comfortable attitudes, filling their pipes and enquiring of their neighbours, in subdued tones, the result of the afternoon's football matches. While this process is taking place on the present occasion, I propose to occupy the first few minutes of the time allotted to me in giving a brief account of the practise of Castration in other spheres than those of surgery, and in other centuries than the nineteenth; a summary of the subject from its anthropological and sociological aspect; in order that those who arrive late or have not yet comfortably arranged their persons and attentions may miss nothing of the ultimate question with which this paper is to deal.

From remote antiquity among the Orientals, as also at a later period in Greece, eunuchs were employed to take charge of the women, or generally as chamberlains—οἱ τὴν εὐνὴν ἔχοντες.[1] Their position in the harems of princes affording them ready means of access to the royal person, it is not surprising that they were frequently able to exercise an important influence over princes, and even to raise themselves to stations of great trust and power. Hence in Egypt the term eunuch came to be applied to any court official, whether a castrate or not. The vulgar notion that eunuchs are necessarily deficient in courage and in intellectual vigour is amply refuted by history. We are told for example by Herodotus that in Persia they were especially prized for their fidelity; and they were frequently promoted to the highest offices. Narses, the famous general under Justinian, was an eunuch. "From the domestic service of the palace," writes Gibbon, "and the administration of the private revenue, Narses, the eunuch, was suddenly exalted to the head of an army; and the spirit of an hero, who afterwards equalled the merit and glory of Belisarius, served only to perplex the operations of the Gothic war."[2] Hermias also was an eunuch, and governor of Atarnea in Mysia, to whose shades Aristotle offered sacrifices, besides celebrating the praises of his patron and friend in a poem, still extant, addressed to Virtue.[3] Livy speaks of the immense number of eunuchs in the armies of Darius Nothus, defeated by Alexander.[4] The Alexandrian court, too, was full of them. One we hear of who had great power and disposed of the kingdom at will. Afterwards he raised the riots against Julius Cæsar, which grew into rebellion and nearly cost the dictator his life.[5] Many other instances might be given, but we have no time for them this evening. The capacity of this class of persons for public affairs is strikingly illustrated by the histories of Persia, India and China; and we need do no more than allude to the power exercised by the eunuchs under the later Roman emperors.[6] Indeed, a regular trade was established in this gruesome article of humanity. Herodotus tells us of a citizen of Chios, Panionius by name, who made his living by this most unholy practice. The boys, whom he kidnapped, were mutilated and brought to Sardis and Ephesus, where they were sold at a high price. Hermotimus, one of his victims, rose high in Xerxes' favour, and was able to revenge himself on Panionius; he accompanied Xerxes to Greece as tutor to his natural children.[7] Periander, King of Corinth about the year 600 B.C. sent as a present to the King of Lydia 300 sons of his principal subjects in Coryra to be castrated and to become his servants. The Samians, however, had refused to allow themselves to be treated in this way.[8] Elsewhere, as in Catullus' poem "De Berecynthia et Atu," the practice is referred to in connection with the worship of the great mother Cybele, a mysterious, hysterical, nature worship, much akin to that presented in Euripides' astounding play "The Bacchæ." This connection of extreme ascetism with extreme sensuality is one which is not uncommonly met with in the study of human nature, and we shall have occasion shortly again to refer to it.

The hideous trade of castrating boys to be sold as eunuchs for Moslem harems has continued to modern times, the principal district whence they are taken being the inland of north-eastern Africa. As the larger proportion of children die after the operation (generally total removal of all the external organs) such as recover fetch at least three or four times the ordinary price of slaves.[9]

The extent of the practice in modern China was recently described in the *Lancet*.[10] The Emperor alone maintains 3,000, who are supplied by governors of provinces, and by a recruiting office established in Pekin for the purpose, candidates being induced to present themselves by an appeal to their greed, predilection, poverty or laziness. The operator receives the sum of six taels, or a sovereign for each patient. The patient's final consent being asked for the last time immediately before the operation, the mutilation is performed in one sweep of a long, curved knife or pair of scissors, the instrument keeping close to the pubes. The urethra is closed by a plug of wood or of pewter, the wound washed with pepper and water, several sheets of paper are applied, and the whole is carefully and tightly bandaged. The unfortunate patient is now made to walk up and down the room at a rapid rate for three hours; for three days he is not allowed to drink anything, and only on the fourth day is the plug removed from the urethra. If the overstrained bladder now fails to act, the patient is left to die, catheterisation being apparently unknown to the Chinese; but fatal cases number only about three or four per cent. Should incontinence result, flagellation is said to yield excellent results. The same purpose is habitually effected by the Australian aborigines by what is known as the mika-operation, which consists of slitting the urethra. Of this, by the courtesy of a colleague, I am able to show you two photographs. Even more vile, as being practised among a civilized European nation, has been the Italian practice of castrating boys to prevent the natural development of the voice, in order to train them as adult soprano singers, such as might till lately be heard in the Sixtine Chapel. Half a century ago might be seen over the door in a certain alley in Rome the superscription "Qui si castrano ragazzi;" and though such mutilation is a crime punishable with severity, the supply of soprani never failed so long as their musical powers were in demand in high

1 *See* Encyc. Brit., Art. "Eunuch."
2 Gibbon: Decl. and Fall of Rom. Emp., chap. xli.
3 *See* Lucian's dialogue "Eunuchus."
4 Livy ix., 17.
5 Cæsar, Bell. Civ., *cf.* Hor. Epod. ix., 11 ff.:—
"Romanus eheu! (posteri negabitis),
Emancipatus feminae
Fert vallum et arma miles, et spadonibus
Servire rugosis potest."
6 Tacitus, Annals xii., 66; xiv., 59.—"Eum centurio trucidavit coram Pelagone spadone, quem Nero centurioni et manipulo, quasi satellitibus ministrum regium, praeposuerat."
7 Herod. viii., 105.
8 Herod. iii., 48.
9 *Cf.* Juvenal vi., 365.
10 *Lancet*, Oct. 17, 1896.

quarters. Driven long ago from the Italian stage by public opinion, they remained the musical glory and moral shame of the papal choir till the accession of the present Pope (Leo XIII.), one of whose first acts was to get rid of them.

In the recent Italian disaster in Abyssinia, the practise of a tribe known as Gallas, described by several Eastern writers,[11] was unfortunately brought before the public notice. Dr. Fiaschi, in the *British Medical Journal*, for September 12th,[12] described the not uncommon sight of Gallas horsemen riding about, their spears studded with human testicles, taken from the dead and living, which they were bearing home as trophies to their wives. Curiously enough not a few of the mutilated survived not only the operation, but also no less than six nights and days' exposure without food or assistance. In the Zulu war, the natives were noticed on the battle-field of Isandhlana excising the genital parts of their dead and placing them in their owners' mouths, in the belief, it was found, that the ghosts of the departed would not then haunt the survivors.

Mention must here also be made of the class of voluntary eunuchs, who have emasculated themselves, or caused the operation to be performed on them, for the avoidance of sexual sin or temptation. This unnatural development of asceticism appears in early Christian ages, its votaries acting on the text "et sunt eunuchi, seipsos castraverunt propter regnum cœlorum."[13] The case of the Christian writer Origen is the most celebrated example, and by the third century there had arisen a sect of eunuchs of whom Augustine says, "The Valesians castrate both themselves and their guests, thinking it their duty to serve God thus."[14] Such practices have been always opposed by the general body of the Christian Churches; and it is curious that the Mosaic law and the custom of the early Christian and modern Roman Churches have always refused to accept those who are "broken in the stones."[15] The first of the canons of Nicaea says that if the mutilation has been effected by medical men or barbarians (presumably not synonymous terms) or by the victims' masters, they may remain among the clergy, but otherwise they must vacate their ministry.

But only recently a secret sect of the kind was found in Russia, under the name of the Skoptsis, from the word *Skopit*, to castrate; and an excellent and most copious official report, made on them by Dr. E. Pelecan, may be read in German in the Lincoln's Inn Fields library.[16] This sect, some two thousand in number, castrate their men in adult life and mutilate those of the other sex as part of an elaborate and half-frenzied ceremonial, something like that of the Salvation Army, or of the heathen-worship described above; but the operation and proselytism are, of course, illegal. It might, however, be suggested that the State should make use of the natural consequences of this easy operation to enforce it as a penalty on many of the inveterate criminals and blackguards who are practically unaffected by the present code of justice. Such a punishment would at least prevent the worst and most degenerate types of the human race from being reproduced and intensified in every succeeding generation.

Having thus considered briefly the anthropological side of castration, it will be as well to pass on at once to the more immediate subject of this paper; for there will be no time to enter fully into the very large subjects either of castration in animals, or of the history of surgical castration in either sex of the human race; and an epitome in these cases would hardly be of interest to the present audience.

THE QUESTION OF CASTRATION FOR ENLARGED PROSTATE.

INTRODUCTION.—The relationship of what are known as the primary and secondary glands of the sexual apparatus, is among the most interesting physiological problems on which light is thrown by the surgery of the present day. It may be as well, therefore, to discuss the relationship between the prostate and the testes in some detail before considering the details of the operation which it is the ultimate purpose of this paper to consider.

Development of the prostate.—The prostate, the glandosum assistens, as Fallopius termed it,[17] has always been looked on as an adjunct to the sexual apparatus of somewhat unknown function; and its function has accordingly been held in very slight estimation. By some it has been looked on as belonging to the urinary apparatus, and Professor Ellis went so far as to give it the name of the Orbicularis vel Sphincter Urethræ. Any assistance, however, that it may give to the functions of the bladder and the act of micturition is of the nature of an acquired and not a primary function. Improved histological methods have shown that the organ has a definite glandular structure, engaged undoubtedly in secreting or excreting some substance of importance in the system of chemical change in the body; while the investigations of Nägel,[18] Semon,[19] Mihalkovics,[20] and other modern embryologists and comparative anatomists, have proved without doubt that the gland is developed as a part of the sexual apparatus only. The prostate gland is bilobed in the human infant, double in many mammals. Its stroma is developed from the genital cord, a mass of tissue surrounding the Wolffian ducts, while the terminal portion of the urinary apparatus—the bladder, that is, and the first part of the urethra—are developed from the allantois. At the same time it may be noticed that the prostatic utricle or male uterus, as it has been called, is of quite different origin to the prostate gland, being derived like the uterus and vagina of the female from the terminal union of the Müllerian ducts. The

11 See Cailland iii., 32, Burton, Burckhardt, &c.
12 *B.M.J.*, 1896, vol. ii., p. 649.
13 St. Matthew xix., 12, Vulg.
14 De Haeresia, c. 37. *cf.* Neander, Hist. of Christian Church, ii. 462; Bingham, Antiq. Christian Church, iv., ch. 3.
15 Lev. xxi., 20; Deut. xxiii., 1.
16 *Cf.* Dr. I. Kopernicky and Dr. J. Barnard Davis, *Jour. of Anthropol.* 1870.
17 Bartolini, Anat. Reform. p. 144.
18 Arch. f. Mikr. Anat. xxxiv., 1889.
19 Jen. Zeitschr. f. Naturwiss xxi., 1887.
20 Int. Monatschr. f. Anat. u. Hist. 1885, 1886.

prostate itself, therefore, is in no way comparable to the uterus.[21]

a. Signs of relationship between Prostate and Testes.—The dependence of the secondary sexual characters upon the growth and development of the testes has long been a matter of common knowledge. The changes which take place simultaneously with the evidences of sexual power at puberty are borne out by the changes which fail to take place in individuals of either sex that have been castrated in childhood; in those whose testes have failed through non-descent or other cause to develope, as in the two cases shown here from the Museum of the Royal College of Surgeons; and in the various classes of domestic animals that are habitually gelded for the sake of the several changes induced by the operation. Of this I am able to show you an instance in the genital parts of a gelding slaughtered on Friday, in which the prostate is practically absent. John Hunter definitely showed that "The prostate and Cowper's glands, and those of the urethra, which in the perfect male are soft and bulky, with a secretion salt to the taste, in the castrated animal are small, flabby, tough and ligamentous, and have little secretion. Especially marked is the change when the animal is castrated when young."[22]

Professor Grüber, in Müller's Archiv for 1847 (p. 469), describes the genital parts of a man of 65 who had been castrated in early youth, in the following terms: "The prostate is very much reduced in size. By firm pressure I could see the prostatic secretion rise to the mouth of the ducts. The prostatic vesicle is enlarged out of all proportion, insomuch that its hinder end reaches several lines beyond that of the prostate." The post-mortem report on two eunuchs by Dr. Bilharz,[23] and the official report by Dr. E. Pelecan on the religious sect of the Skoptsis in Russia,[24] confirms the above observation, while many others have felt the prostate per rectum after castration, either as a mere fibrous ring or as practically non-existent.[25] Dr. Joseph Griffiths, who, while assistant to the late Professor Humphry, did much valuable work on the subject of the prostate and testes, describes the case of a young man of 33, in whom the growth of the testes had been arrested; all the secondary signs of castration were present, and the prostate felt per rectum as a firmish transverse ridge.[26]

Histological examination of the prostate, at the same time, shows a fibrous stroma, containing a few connective-tissue cells and muscle fibres in various stages of atrophy, and the remains of gland tubules, lined with epithelial cells containing but little protoplasm.

b. But it is not only where the testis has been excised before the genital organs have developed that the prostate is found to be in a rudimentary state. For Hunter again showed that the prostate varied with the sexual activity of the animal, and in the mole and hedgehog was almost absent in the rutting-season. "In the mole," he writes, "the prostate gland in winter is hardly discernible, but in the spring becomes very large and filled with mucus."[27] This observation is confirmed by Griffiths, who has described the histological changes represented in the accompanying diagrams, two of which show the enormous increase in the size of the organs of the hedgehog between the months of December and July.

c. Turning to the subject of adult castration, we find in the same way that the normal prostate is very much reduced in size when the testes are removed after they have already developed and the prostate has grown to its full size. This effect has been noticed several times in man, in cases where the testicles have been removed for growth, tubercle, double adherent herniæ or other surgical disorders. The prostate, when next examined some weeks or months later, is at least frequently found to have been very materially reduced in size. Harrison has similarly noted atrophy of the prostate in sterile males.[28] The same fact was established beyond all doubt by a series of experiments performed by Dr. Kirby, of Pennsylvania, at the request of Professor White, when the idea of castration as a treatment for hypertrophied prostate first occurred to him.[29] A large number of dogs, weighing from thirty to sixty pounds, were castrated and killed at varying intervals of time, the prostate and generative organs being examined post-mortem. The average weight of the normal prostate being 250 grains, speaking roughly, that of the castrated dog after seventeen days was only 80 grains, and after a month only 30 grains, or one-eighth of the normal weight. At the same time the glands of Cowper were found to have undergone similar reduction in size. It is established, then, that these secondary sexual glands, as we are apparently right in calling them, depend for their existence in health upon the activity of the primary organs —the testes.

d. But we have now, through the class of operations initiated by the suggestion of Professor White of Philadelphia, a further mass of evidence throwing light on the relations not only of the normal but of the hypertrophied prostate in similar degree to the testes. To this matter we shall revert later in discussing the details of the operation; but we may briefly take it as established that after double castration of old men, in from eighty to ninety per cent. of the cases operated on an hypertrophied prostate will be substantially reduced. The growth, then, as is suggested by its structure, appears to be not a neoplasm, but a true hypertrophy, at least to the extent that it is governed by the same influences in relation to the testes as the normal prostate.

e. In the female sex in the same way it has been long known that the secondary organs, the uterus and

21 Moullin: Enlargement of the Prostate, p. 10.; Quain's Anat. ed. x., vol. iii., pt. iv., p. 250.
22 Hunter's Works, iv., 30.
23 Thesis, Berlin, 1859.
24 Skopzenthum in Russland, 1876, p. 99.
25 "La prostate n'existait pour ainsi dire plus."—Civiale, Traité Pratique sur les Maladies des organes genito-urinaires, ii., 338.
26 Jour. of Anat. and Physi. xxiv., 1890, p. 27.
27. Hunter iv., 29
28 Internat. Encycl. of Surgery, vi., 388.
29 J. W. White, Annals of Surgery, August, 1893.

associated structures, together with certain abnormal developments, described as fibro-myomata, which appear in the uterus in middle-aged and elderly persons, are all definitely related to the functional activity of the ovaries. The growths appear as a rule in middle age and disappear with the menopause; should the menopause be delayed, or the growth be of such a kind as to require removal, it is found that a double oöphorectomy will cause a relief of the symptoms, especially of the hæmorrhage, producing a shrinkage not only of the accessory sexual organs, the uterus, the breasts, and the accessory glands, but also of the fibro-myomatous growth.[30] This is apparently dependent upon the induction of an artificial menopause, the reduction of the growth being similar to the senile atrophy which occurs after the natural menopause. In some cases, however, the tumour may continue to grow, just as, exceptionally, it may grow after the spontaneous menopause, especially where the tumour is of the soft, non-encapsuled variety. It was maintained at one time by Lawson Tait, that it is chiefly of importance to remove the Fallopian tubes rather than the ovaries; and he still holds that the removal of the tubes is essential, and that it is of little consequence whether absolutely the whole of the ovarian tissue is removed. This point, by the way, would if true be a strong argument against the theory of internal secretion as accounting for these changes. To this reference will be made later. Dr. Galabin, however, believes that the effect is primarily due to removal of the ovaries, which should be completely effected, although he admits that a more certain result appears to be obtained by simultaneous removal of both ovaries and tubes. As a side point it might be suggested that if removal of the Fallopian tubes produces an effect in the female, removal of the vasa deferentia, with the testicles should have a corresponding effect in the male. But the analogy will not hold. The vas deferens is derived from the Wolffian duct, whereas the Fallopian tube represents the duct of Müller, and so is of the same origin as the uterus itself. It would not be analagous, therefore, to remove part of the vas deferens in the operation of castration, although as a fact this is done for the sake of convenience. As regards the operation of oöphorectomy, Greig Smith says that the mortality is about 10 per cent.[31] He finds that success in shrinking of the tumour and induction of the menopause may be reckoned on in seventy-five per cent., improvement in fifteen, and failure in eight. (But it is noteworthy that according to the latest accounts, the results are less satisfactory than the accepted authorities would have us believe.) On the other hand, it may be remarked that the analogy between the sexes is not close enough to rely upon, that there is no distinct senile atrophy of the organs in the male after a certain period of life such as occurs in the female after the menopause. But Griffiths has shown that marked atrophy of the seminiferous tubules and stroma of the testicles occurs in advanced age;[32] and Desnos has pointed out that after a certain period of life the tendency of the prostate to enlarge, if not absolutely abolished, is at least not increased.[33] And it may be pointed out that inasmuch as there is no phenomenon in the male comparable to that of the climacteric, and inasmuch as sexual activity is only gradually diminished and may last on into advanced old age, the senile processes in these organs are bound to be of a slower and of a less definite nature.

We have established, then, beyond all doubt, that the full development and the full activity of the secondary sexual organs is dependent upon that of the primary sexual organ, the ovary in the one case and the testis in the other.

30 Galabin, Diseases of Women, p. 289.
31 Abdominal Surgery, ii., 187.

RATIONALE.

Theories of action.—It may be as well, then, for a few minutes to enter briefly into the most interesting question of the causal connection between these activities and changes in the animal economy.

In all the divers cases referred to the physiological operation has been the cutting off of the testicular, or in the female ovarian, processes from the rest of the body. Its effects, therefore, may theoretically be produced in one of two ways; either by a

(I.) LOCAL action, affecting the genital system alone, either (*a*) *directly* through the constituent channels of the spermatic cord, or (*b*) *indirectly* through the central nervous system, presumably, that is, through the genital centre in the lumbar spinal cord; or else (II.) by a GENERAL action on the whole body, which manifests itself only more especially in the organs belonging to the sexual system. This may be either of a (*a*) nervous or (*b*) metabolic nature.

I. LOCAL.—(*a*) *Direct through the constituents of the spermatic cord.*—That it has any direct local action we can hardly believe. (i.) It has been held that section or ligature of the vas deferens, which, as we shall see in the later part of this paper, has not infrequently the effect of reducing prostatic hypertrophy, is effective from the fact that it cuts off the secretion of the testicle, which in the normal state flows past the mouth of the prostatic glands and has some immediate stimulative effect. It has been shown indeed by Camus and Gley that the admixture of prostatic and seminal fluids has certain chemical and physical properties which neither by itself possesses.[34] The only comparison we could make to this would be the action of various substances on the intestinal wall. But in that case the intestinal wall is thin, and is separated only by a very delicate epithelium from the fluids, which can thus pass freely into the lymphatics and so obtain ready access to all parts of the muscular tissue and sympathetic nerve plexuses. In the prostate, on the other hand, the epithelium is less permeable, the gland is a dense mass

32 J. of Anat. and Phys., xxvii., 1893, p. 474.
33 Dict. des Sciences Médicales, series ii., xxvii., 506.
34 Comp. Rend., cxxiii. (3), 1896, 194.

which could only with difficulty be permeated by any fluid passing over its surface, while that fluid in turn flows only intermittently, and often at long intervals of time, and is comparatively scanty in amount. (ii.) In the same way, reduction of the prostate cannot be due to cutting off of any direct nervous impulses or of the immediate supply of any chemical substance fabricated in the testis. For the nerves of the testis, arranged in a plexus known as the spermatic, are derived from the aortic, renal and only to a slight extent from the hypogastric plexuses, while those of the prostate are derived almost entirely from the hypogastric plexus;[35] and Langley, Cajal and others have long since shown that "the great use of the splanchnic system, like that of the spinal ganglia, is connected with the nutrition of the nerves, and that these structures do not, like the central nervous system, act as centres either automatic or reflex."[36] (iii.) The veins, again, of the testis pass by the pampiniform plexus into a spermatic vein, which opens on the right side into the inferior vena cava, and on the left into the left renal vein; while the blood of the prostate passes off by several branches into the internal iliac vein of either side. (iv.) In the same way this nutrition cannot be maintained directly through the lymphatic vessels. The lymphatics of the testicle pass with the spermatic vessels to the lumbar lymphatic glands; those of the prostate to sacral glands below the external iliac vessels.[37]

(*b.*) *Indirect through lumbar centre.*—(i.) *Statement.*—If, then, the effective relation between the testis and prostate is of a local nature, it must be indirect and can take place only through the medium of the genital centre in the lumbar cord. This is situated in the upper lumbar (and possibly lower thoracic) region, and would answer accurately, we may suppose, to the stimulations of an electric current, which would produce turgescence or constriction of the vessels, peristaltic contraction of the walls of the epididymis, or vas deferens, contraction of the muscular fibres of the prostate gland and ejaculatory apparatus, according to the spot on the cord to the nerve-root which is stimulated. This centre, in the same way as other spinal centres, may be set into action by stimulation of the cerebral cortex or by excitation of afferent nerves passing towards the centre.[38] It is conceivable, then, that the whole sexual system, including the essential and the accessory glands, including the breast, the internal and the external organs of generation, are connected together by the interlocking of collaterals and nerve-cells in the centre situated in the lumbar cord. This centre, like other centres, is no definite and succinct structure, but rather a focus at which the principal channels of communication to and from the part in question meet and interchange molecular vibrations—the central exchange, as it were, of a telephonic system, at which by custom those channels that are most frequently in communication with one another become in time the most easily connected. Through its means, some stimulus aroused by the activity of the testes induces by reflex action a manifestation of energy in the prostate and allied glands. When this activity ceases, the reflex arc is abolished, and the concomitant action of the prostate falls into abeyance. Of the nature of this action we are uncertain; but it has been shown so generally of late that life is in its physical elements the manifestation of chemical change, and that every living cell must be undergoing metabolism, that it is only natural to suppose that this obscure metabolism in the case of the testes is giving rise to some reflex effect on the other generative organs. This is only comparable to many similar actions in the physiology of the body, such as, for instance, the preservation of muscular tone, which seems to depend on some reflex action from the skin; and again the gush of digestive juices on the entrance of food into the mouth; while the pathological counterpart is shown in the skin-lesions and loss of reflexes in locomotor ataxy, in which the afferent impulses are cut off at the nerve-roots.

(ii.) *Objections.*—Against this it may be argued, in the first place, that castration is frequently successful in old men whose sexual activity is but slight or altogether absent; whose testicular metabolism, and afferent testicular impulses are accordingly absent. But probably castration has never been effective in this way where the testicles are entirely atrophied; and it is quite conceivable, as we shall see later on, that there is some other metabolism going on in the testis besides that which goes to form spermatozoa. In this connection it is interesting to note that the prostate, pubic hair and other secondary sexual characters appear and fade away again some years later than does the sexual activity of the testis. For a second objection, it is true that this theory of local nervous connection of the organs through the medium of the lumbar cord would not account for the further symptoms such as mania and muscular weakness which are alleged to result from adult castration. But it is doubted by some, as we shall see later on, whether removal of the testes in adults has any effect on the body at large, other than the unavoidable effect of shock that would be produced by any operation (especially that of removal) on an internal viscus in an old man; above all when broken down with renal and vesical mischief. And even if we accept the statement that adult castration does have some such effect, we may perhaps be permitted to ascribe this to some different cause to that which produces shrinking of the prostate. To this question we will revert shortly. It may again be urged in objection to this theory that section of the vas deferens or ligature of the veins without inclusion of the spermatic artery and nerves, is often if not usually effective in producing atrophy or diminution in volume of the prostate. In fact, in one of Professor White's 111 cases recorded in the Annals of Surgery for 1895,

35 J. of Anat. and Phys., xix., 71–131. Quain's Anat., vol. iii., pt. iv., pp. 236, 250.

36 Foster's Physiology, ed. v., part i., p. 184.

37 Quain's Anatomy, vol. ii., pt. ii., pp. 551, 552.

38 Foster's Physiology, iv., 1509.

this result is reported to have ensued without any discernible sign of atrophy in the testicle; but the writer admits that this case is anomalous and suspects inclusion of the nerves in the operation. Finally, it may be remembered that Goltz, in his experiments on the nervous system, obtained not only utero-gestation but also development of the breasts in a bitch in which the nerves of the mammary glands were severed from the lumbar centre by division of the spinal cord. Further experiments are undoubtedly needed in this direction; as this would be an important objection, if substantiated, the analogy between the mammæ and the prostate being very close.

(iii.) *Argument from results of unilateral castration.*—But the evidence against this view is scanty and uncertain, whereas there is one positive and undoubted phenomenon in support of it, which seems definitely to turn the balance in its favour. This is the fact that after unilateral castration it is not uncommon to find unilateral atrophy of the prostate; and where one lobe of the prostate is enlarged more than the other, unilateral castration on the same side will usually have the effect of reducing it to symmetry. This, it would seem, cannot be explained except on the grounds of some nervous connection through a reflex centre such as we have suggested. The reduction of the prostate, in case this theory is admitted, will only be effected, as we have seen that it is effected, by *disease or excision of the testicle*, or by procuring its atrophy from its being *deprived of blood-supply*, or by *cutting the nerves* by which it communicates with the lumbar centre. In several cases of unilateral castration, however, the corresponding lobe of the prostate does not shrink. In these cases there is, presumably, a freer communication between the nerves of the two sides than in others. In them it is not surprising that the reflexes from one surviving testicle should be sufficient to stimulate both lobes of the prostate to continue their growth, when the free network of sympathetic nerves in the pelvis is considered.

II. GENERAL.—(*a.*) *Through central nervous system.*—The facts that have been already adduced will be sufficient to show that, so far as we can understand at present, the influence of the testis on the prostate cannot be a mere manifestation of a general nervous effect exercised through the higher cerebral centres on the whole bodily organism. The effect of castration on the prostate so enormously overshadows its effect on the body at large.

(*b.*) The only tenable alternative theory, therefore, to that already propounded is that of a general metabolic effect, picking out the particular organs in which the effects of castration are most marked. The "internal secretion" theory, originally propounded a quarter of a century ago by M. Brown-Séquard, of Paris, has now become firmly established among the canons of modern physiology.[39] There is no doubt that the symptoms of myxœdema are due to absence of the thyroid gland, and are very greatly relieved by administration of thyroid extract in the shape of tablets. The function of the thyroid seems to be the formation of some substance essential to the internal economy of the body; when this substance is removed, the metabolism is upset and the whole of the tissues throughout the whole body become deranged. The same appears to be the case with the pituitary gland and acromegaly, with the suprarenal capsules and Addison's disease. In an interesting address on this subject, reprinted in the *British Medical Journal*, for 1895, Professor Schäfer shows the effect of injecting the extract of sundry organs of the body in turn into the circulation. Professor Schäfer, in the course of this address, dismisses the question of testicular extract in a single word, intimating that the effects supposed to be due to removal, by castration, of some effective "internal secretion," were more probably of nervous origin. Much work, however, has been done on the subject, especially in France, where the idea of the value of extracts of testicle was originated by Brown-Séquard, and tried first of all on himself. Brief mention must therefore be made of the method and of its results.

The active principle of the testicular (or orchitic) extract is a body called spermin, a strongly alkaline base, with what is described as an unmistakable odour of sperm, with a formula according to Poehl of $C_5H_{14}N_2$, and with various chemical properties into which it is not worth our while to enter.[40] Injected subcutaneously in small doses, this substance was supposed to have a tonic action, increasing the force of the neuromuscular system, and giving a feeling of general welfare. It is reported as being of great use in nervous diseases complicated by anæmia, in neurasthenia, hemiplegia, diabetes, tabes dorsalis, and so forth, acting as a tonic and a nutrient agent. To this body is ascribed the chief action of testicular and ovarian extracts.[41] These, made up in dilute saline solution, seven parts to the 1,000, have an excitatory effect on being injected, the products of metabolism and the outward signs of a rapid exchange of material being markedly increased. On this many of the French physicians pin their faith for the future treatment of half their cases; and to the absence, again, of this body they attribute the appearances which are undoubtedly to be seen in the development of boys castrated before the age of puberty.

Some reliable work appears to have been done recently on this subject by two German investigators named Zoth and Pregl in the Grazer University, who describe their work in Pflüger Archiv. for 1896.[42] They start with Brown-Séquard's own experience, whose flexor muscles had decreased in power, according to the dynamometer, from 50 kilograms in 1860, when he was 43 years old, to 37 kilograms in 1882, when he was 65 years old, and who, after a course of orchitic extract injections, was able to lift in the dynamometer 44 kilograms in 1892 when 75 years of age. At the outset, however, they expected a negative result; but on finding,

39 Ch. Eloy, "La méthode de Brown-Séquard, Paris, Baillière, 1893, p. 282.

40 "Les Toxines; par Armand Gautier," Paris, 1896.

41 Brown-Séquard; Comp. Rend. Acad. Sci. cv.; Comp. Rend. Soc. Biol., 1889, pp. 415, 420, 430.

42 p. 335.

after making every allowance, that their experiments on themselves were by no means doubtful, they chose two athletic students, one of whom is described as "sehr käftig, von sanguinisch cholerischem Temperamente. Er ist Ein bekannter Hoch tourist und betreibt Sport, so das Fussballspiel und das Rudern." The other was also an athlete. Working with the ergograph, which tests the power in the muscles of the index finger, and making allowances for every source of error, they come to the conclusion that "(1) by daily exercise of a neuro-muscular apparatus and simultaneous injections of orchitic extract, consequent increase in results, which depend partly on an increased steadiness, and partly, but to a greater extent, on the increased influence of experience, is not affected by means of the glycerine used in preparation of the extract, and (2) It is not affected by hypnotic suggestion, but, as one is bound to confess, by the active constituent of the orchitic extract." Finally, they suggest that orchitic extract might prove a valuable addition to training in "Sport Leute." This conclusion, typical of a class of experiments with which it is impossible very greatly to sympathize, seems to us far from conclusive, and the results of all the work on orchitic extract that we have read is of the same vague, hazy, and unconvincing character. Felix Legeau has done some good work in this connection.[43] It is impossible within the limits of this paper to discuss the conclusions at which he arrived. It is enough for present purposes to say that even after reading his paper the effects of castration upon the prostate do not seem to be accounted for by the theory of internal secretion. Looking at this question from the point of view proverbially credited to the man in the street, we are inclined to sympathize with the closing paragraph of a paper by Dr. Robertson of Glasgow, in the *British Medical Journal*, giving the result of his experiments with glandular extracts. "Brown-Séquard's orchitic fluid.—As no appreciable result of any kind followed its injection, nothing is suggested, unless that it is much less active than has been alleged."[44]

Whatever its influence on the bodily metabolism, if there is some such internal secretion as is here supposed, its formation may perhaps be attributed (as is that of the pancreas to similar structures by Professor Schäfer) to the interstitial tissue of the testis. Between the seminiferous tubules, accompanying and often completely surrounding the branching blood-vessels, are tracts of peculiar epithelium-like polyhedral cells, somewhat like the cortical cells of the suprarenal capsules, and like those often containing yellowish granules. They are known as the interstitial cells of the testis and have been variously regarded by Waldeyer, Klein and others, but until their development has been fully traced nothing certain with regard to their nature can be stated. In sections of the fœtal testis the cells in question are not distinguishable from the other cells of the developing intertubular connective tissue. Similar cells are met with in the stroma of the ovary.[45] However this may be, it is possible, indeed it is probable, that the testes and the ovaries in the chemical metabolism, which must go on so long as they are composed of living tissue, are excreting into the circulation not merely an excrement that is of no use to the body at large, but a secretion which has some amount of spare energy to be used, on their way to the kidneys or bowel or lung, in the services of the general circulation; and it is possible that to this internal secretion may be attributed some of the properties ascribed to it by Brown-Séquard and other investigators on the continent, and to it may also be assigned the duties of establishing throughout the body at the time of puberty a development of those outward characteristics whose absence makes the name of castrate so abhorred. But it is difficult, if not impossible, to imagine that the lack of any such general influence can alone produce the marked local effects detailed at the outset of this paper as resulting from the operation of castration. While admitting that the general effect of sexual growth at puberty may prove in the future to be attributable to the influence of an internal secretion, we must still maintain that the connection between the testes and the secondary sexual *glands* and especially the prostate, even if assisted by such a secretion, is primarily of a nervous character. Some stimulus is set up in the testicle, whether by the formation of this hypothetical secretion—as must be supposed if those cases be true where the prostate has diminished in size even where the testicles are apparently atrophied—or by the karyokinesis by which the spermatozoa are being separated, or by some other form of activity; and the stimulus thus aroused passes reflexly by way of the lumbar centre to the prostate.[46] At the same time one must realize that these statements are but shadowy expressions of the general relation of parts and processes to one another; they are no final and valid conclusions; they are not substantiated by any large field of experiment, and they can offer no suggestion of the method by which the genital functions are maintained; they point only to the direction of the main lines on which future enquiry must be based.

(To be continued.)

43 Archiv. f. Physiol., series v., vol. 8, p. 154.
44 *B.M.J.*, September, 1896, p. 801.
45 Quain's Anatomy, vol. iii., pt. iv., p. 230.
46 *Cf.* White. Annals of Surgery, July, 1895.

Keogh Presentation Fund.

Fifth List.	£	s.	d.
J. D. C., Chingford	0	10	6
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Passim.

It is officially announced that Mr. J. H. Targett, M.S., F.R.C.S., has been appointed to the new post of obstetric registrar and tutor. All Guy's men who have known Mr. Targett and have appreciated his work as a pathologist and his powers as a teacher, will unite in congratulating him on his promotion, and the hospital and medical school on the choice that they have made. Since giving up work in the dissecting-room, Mr. Targett has demonstrated in morbid histology and practical surgery, and has devoted much of his time to the curatorship of the museum of the Royal College of Surgeons. His new work will, however, absorb all his energies, and it will certainly prove no sinecure, either from the point of view of a teacher or from that of a report-collector. In both matters we look forward confidently to the good effects of the new appointment.

The Collegiate Church of St. Saviour, Southwark, was, on the afternoon of Tuesday, the 16th inst., re-opened after restoration for the use of the public, and H.R.H. The Prince of Wales was present on this, as on the previous occasion when the foundation-stone of the new work was laid. The Borough was quite gay for the occasion with a profusion of Venetian masts and bunting; and fortunately the weather was most propitious. Standing within two minutes' walk of our front gates, Sir Arthur Blomfield's excellent work, the restoration of nave and transepts, and Kempe's windows, of which one specimen is already in position, will certainly deserve more than an occasional visit. One window is to commemorate Thomas Guy, while others depict Gower, Massinger, Fletcher and other distinguished persons connected with the Borough and its most important church. A sustentation fund is being raised by which it is hoped to ensure a permanent income for the expenses of the church including, as will be most welcome, the usual musical services of a cathedral church.

The stained-glass window which it is proposed to place in memory of Thomas Guy in the Collegiate Church of St. Saviour, is probably to be in the south transept, and the cost will be about £300. A small committee to collect subscriptions has been formed, consisting of Lord Aldenham, Mr. Shaw-Stewart, Mr. Bonsor, Dr. Pye-Smith, Dr. Stevenson, and the Matron. Mr. Williams, Mr. Reaside and Dr. Perry will act as Secretaries.

The old house next to St. Thomas's Church, with the gateway, which formerly belonged to the treasurer of St. Thomas's Hospital, has been taken as a residence for the clergy of St. Saviour's, who will probably in the future be closely connected with the hospital.

In the annual report of the Guy's Hospital Institution for Trained Nurses, we notice with pleasure that new and ample accommodation is soon to be provided for the institution in St. Thomas's Street, in part of the site belonging once to St. Thomas's Hospital, and now to the South Eastern Railway. This, of course, will be totally distinct from the Home which is to be built close to the "Ship" for nurses working in the hospital itself. Applications for Institute-nurses rose from 1,150 in 1895 to 1,191 in 1896; 951 cases were actually nursed; and the strength of the institute varied between 80 and 90. The maternity nurses have paid 3,519 visits, and attended 409 cases during the year. Application for nurses should be made to the Lady Superintendent, 14, St. Thomas's Street, S.E.

The journal of children's diseases known as "Pediatrics," which emanates from New York, has lately been much perturbed concerning the neglect of teaching in this subject in the medical schools of London. There is much to be said for the complaint, for most men leave the hospital with only the crudest ideas of the special treatment required for children, whose illnesses will probably form one of the main branches of their practice, and may substantially affect their reputation. On the other hand, the danger of increasing the number of special subjects for examination, and the danger, common to any special subject, of its teachers losing sight of its proper proportions and relations to the whole range of medicine, are serious difficulties in the way of the proposed reform.

"Pediatrics" makes war against the principal of collecting both children's and adults' beds in the same ward. On the other hand, this practice increases the range of view of the physician in charge of the ward, and of those working under him, and it serves to entertain and employ all the adult patients who are not in very serious condition. But the chief

difficulty of a children's ward—a difficulty which is in Guy's insuperable under present conditions—is the very great additional expense of such a ward, each child requiring separate nursing, which is at present largely arranged for by the adult patients. Another and not inconsiderable objection is the risk of a specific fever, once introduced, running through the ward. We are glad, however, to see the establishment of a post-graduate course at the Evelina Hospital for Sick Children, where the above objections are of less importance. It was humiliating to find that not a single Guy's man entered for the post, recently vacant, of clinical assistant to the Evelina Hospital—a post which used to be almost a monopoly of our school.

The last performance for the season of the Disguysed Minstrels was given with great success in the Crystal Palace Theatre on Tuesday last, February 23rd. The house was packed; indeed, there was so great a run on the seats that it is calculated another thousand might have been sold, had there been room. Unfortunately, at the last moment Massa Tambourino Cazenove was disabled, and Massa Jackson had, at very short notice, to take his place, which he did with great pluck and considerable success. The orchestra was particularly strengthened for the occasion, and is said to have acquitted itself most satisfactorily. In our next issue we hope to announce the exact sum taken and handed over to the hospital as a result of this winter's entertainments.

With the end of the season, a special word of praise is due to those who have struggled with all the difficulties of an amateur entertainment, and made it so marked a success—the stage and orchestral managers, the other members of the committee, and especially the indefatigable secretary. Our further thanks are most heartily due to Messrs. Morgan, Edward Eason, and the other friends of the hospital who have spent much time and trouble in the cause; and above all to Mr. Adamson, who with unfailing ability, energy and geniality, has conducted throughout, under varying circumstances of difficulty.

Why didn't we win that Bart.'s match? To us the chief reasons seemed to be as follows: (1) The utter lack of decent combination among our backs; (2) bad tackling by the same, with one or two exceptions; (3) inability to prevent and stop the forward rushes of our opponents; (4) a little bit of bad luck in having two tries disallowed. The second of these was certainly an error in judgment on the part of the referee. If a back kicks at short range hard against an opponent, it seems to us quite contrary to the spirit of the laws that he should profit by his clumsiness, and the opponent be penalised for knocking forward. The tie will be re-played next Tuesday, the 2nd prox. Let us hope for a fine day and a dry ball.

The results of the Kensington and Leicester matches, though not very bad in themselves, have come somewhat as disappointments at this period of the season, when the team should be at its best, and after the more flattering results of the matches immediately preceding. It must be remembered, however, that at this time of Cup ties, a mild reaction always seems to set in, and a team, probably wholly unconscious of the fact, never plays up to its true form when the ordinary match days come round.

The Association Cup tie v. Barts.'s, after a postponement owing to difficulty in obtaining the Leyton ground, is now definitely fixed for Wednesday next, March 3rd. Perhaps a few men may be able to find time to support their team by their presence and their cheers. The double event of cup-ties in the semi-final round of the Surrey Charity and the Inter-Hospital Cup competitions, respectively to-day and on Wednesday, is worthy of rather more interest than is usually displayed in the feats of our plucky Association representatives.

The ten miles race across country for the Inter-Hospital Challenge Cup takes place this afternoon. Spectators may see the race at start, half-way, and finish, and spend the intervals in admiring the beauties of the Forest, if they take the 2.32 train down for Chingford.

Many Guy's men of '89-'94 will be sorry to hear that J. C. O. Wilkins (the Skipper) had a somewhat severe accident on Thursday last, when, owing to a break down with his dogcart, he was thrown heavily on to the road on his back. He is getting on slowly, but will be some time before he is able to get about again.

We have received further details of the death of Edward Spencer Blaker, M.B. Cantab., M.R.C.S., whose death we announced in our issue of January 30th. He was apparently

playing tennis on the 8th January; but contracted a chill and developed peritonitis; and despite the attentions of his partner, Dr. Greenhill, and two professional nurses, he died on the 16th, and was buried the same afternoon. Dr. Blaker was born in 1861, and educated at Lancing College, at Cavendish College, Cambridge, and at Guy's. He was in an excellent practice in partnership in Calcutta, and being always of a hearty, cheery disposition, will be much missed by all who knew him.

The officers and servants of Guy's Hospital will hold their now annual dinner on Monday, March 1st, when it is understood that a presentation will be made to Mr. Lushington, who, with Mr. Cosmo Bonsor, is expected to be present.

The Goblins dine on March 4th, the arrangements being in the hands of the secretarial and fiscal Goblin for the year, Mr. R. T. Fitz-Hugh. We are glad to hear that a 1893–5 club is in process of formation, and we wish it all success.

Dr. Galabin will give a clinical lecture in the anatomical theatre at 4 p.m. on Tuesday, March 2nd, on the subject of Hysterectomy for Uterine Cancer.

We are requested to remind intending candidates at the forthcoming "Prize" exams. that Monday next is the last day for sending in written notice of their intention to compete to the Dean.

Matters have at last come to a head on the subject of the skiagraphic apparatus and the house-committee have sanctioned the expenditure of £50 for the purpose. The apparatus is expected in a week or ten days' time, and should be in working order before the appearance of our next issue, when we hope to give a full account of the latest hospital novelty.

"Almost every day some patient is subjected to the process, and students declare that since the employment of the X-rays they have learnt more about the human frame in a day than they learnt in six months before."—*Manchester Courier*, quoted in *Daily Mail*, February 3rd, 1897. Who is the student, so terribly idle that in six months he had learnt no anatomy, and yet so clever that in a skiagram he could learn any anatomy whatsoever to speak of, who has been making these astounding statements?

A great smoking concert will take place to-night. It will be given in the Hall at eight o'clock, and the treasurer has promised, if possible, to be present. Dinner will be served at 6.30 in the smoking-room, but admission to this will be gained only through Mr. Batten by tickets, a limited number of which are now being sold at two shillings apiece. Evening dress will be optional.

The ladies' night of the Debating Society scintillates in the distance with the witty and wise things that are going to be said on that important occasion. Apart from the inimitable paradoxes of the veteran cynic who is to denounce the vagaries of modern fashion, we are promised a maiden speech from Massa Bones, and we hear rumours of a visit from the secretary of the Rational and Artistic Dress Association. This gentleman's name—for it is a gentleman—has not yet reached us; but we are told it is not Mr. Stanley Cock.

The attention of any of our readers who may be, or may know, Governors of Epsom College, is called to the case of Robert Hough Shillingford, aged 9, whose father, Mr. Frank N. Shillingford, practised in Peckham for many years. As a result of his practice he has been incapacitated through illness since July, 1894, and his wife, three children, and he himself are entirely dependent for support on their friends. The case is strongly recommended by Dr. Wilks, Dr. Pye-Smith and Mr. Golding-Bird. Proxies may be sent to Mrs. Shillingford, 109, Peckham Rye, S.E.

At the last meeting of the Gazette committee a most satisfactory audited balance-sheet for the year was passed. Amongst other agenda, it was decided that portraits of newly-appointed residents, which have recently appeared quarterly in the Gazette, should not be published in future. We hope instead to publish more frequent, and some more important, illustrations from time to time, notice of which will appear in due course. It was decided also at the same meeting to publish a special number in the month of May concerning the opening of the new school building. The still more important decision was arrived at that future deliberations of the committee should be assisted by tea. Even the honorary treasurer approved of this proposal.

The latest production of the Re-endowment Fund office is a tract, reminding us strongly of

Dr. Barnardo and Mrs. Humphrey Ward. It is, on the one hand, a story with a purpose; it is, on the other, an attempt to reach the pocket by way of the lachrymal glands. Jem was a coster, with a cough, who sold cough-drops. He developed bronchitis; but the clinical for the week did not "spot" him, and the house-physician for the week could promise him no bed, so Jem went home and died. Stump up, therefore, ye rich ones of the earth, and pay for a bed for Coster Jem. So says the author of "No Room, a true story from Guy's Hospital."

WE are glad to take our share in helping on the cause of Re-endowment, so long as it is conducted on respectable lines; but we cannot possibly give any support to the movement if it is to descend to the distribution of tracts, above all when they are not true. For this tale implies either that the severity of the condition was not recognised, or that a case in danger of death was knowingly refused admittance. And that could not be the case. Tracts may be very useful in their own sphere; but we should certainly mistrust any charity that made use of them, and we believe that we are only expressing the feelings of many old Guy's men in saying that another such leaflet as that entitled "No Room," will do infinitely more harm to the cause than it can possibly do good.

IT is hoped that a few more subscriptions will be forthcoming to raise the Keogh presentation fund to a full £100, clear of all costs.

House Committee.

The Committee have sanctioned the expenditure of a sum not exceeding £50 for providing skiagraphic apparatus. The matter has been left in the hands of Dr. Pitt, in consultation with Mr. Kirkland, the engineer of the hospital.

It has been decided to clean and re-paint the staircase in Hunt's house, in anticipation of the visit of H.R.H., The President, next May.

It is proposed to place a stained-glass window in memory of Thomas Guy, in the Cathedral Church of St. Saviour, Southwark.

The Committee have had under their consideration the inadequacy of the accommodation in the Porter's Lodge for the display of students' letters, and they are endeavouring to arrange for a second window to serve this purpose.

The additional night nurses will come on duty on the 3rd of next month, and at the same time the number of night sisters will be increased to two, one for the medical building and clinical ward, and one for the surgical building.

Hospital News.

CLASSIFIED LIST OF CASES.

In the Medical Wards.

Circulatory System.

PHILIP	4, 8.	Aortic regurgitation and mitral stenosis.
	17.	Mitral stenosis.
	27, 34.	Mitral stenosis and regurgitation.
	37.	Mitral regurgitation.
STEPHEN	1.	Aneurysm of arch of aorta.
	21.	Congenital heart disease.
	24.	Aortic and mitral regurgitation.
	34.	Hypertrophied and dilated heart.
MARY	9, 26.	Mitral stenosis and regurgitation. Tricuspid regurgitation.
	12, 24.	Mitral regurgitation.
	36.	Anæmia.
	45.	Aortic and mitral regurgitation.
	49.	Mitral stenosis and regurgitation.

Nervous System.

PHILIP	1, 3, 16, 26.	Chorea.
	2.	Sciatica.
	10.	Hemiplegia.
STEPHEN	3.	Compression paraplegia. Caries of spine.
	22.	Alcoholic neuritis.
	23, 31.	Locomotor ataxy.
	29.	Chorea.
	37.	Delirium tremens.
	38.	Lateral sclerosis. ? Syphilitic. Spinal meningitis.
MARY	2.	Cerebral tumour.
	13.	Sciatica.
	17.	Hysteria.
	25.	Old infantile paralysis.
	57.	Tumour of pons.
	44, 50.	Chorea.
	46.	Disseminated sclerosis.

Alimentary System and Abdomen.

PHILIP	22.	Carcinoma of stomach.
	24.	Epithelioma of œsophagus.
STEPHEN	14.	Appendicitis.
	18.	Tuberculous peritonitis.
	27.	Cirrhosis of liver. Enlarged spleen.
MARY	4.	Cancerous peritonitis.
	5.	Abscess in abdominal wall.
	19, 43.	Gastric ulcer.
	32.	Follicular tonsillitis.
	36.	Ascitis.
	42.	Jaundice. Malignant disease.
	48.	Abdominal cyst.

Genito-Urinary System.

PHILIP	7.	Chronic tubal nephritis.
	19.	Chronic nephritis. Albuminuric retinitis. Ascites.

Philip	23.	? Tuberculous cystitis.
	29.	Chronic tubal nephritis. Diabetes.
	32.	Chronic nephritis.
	38.	Acute tubal nephritis. Ascites.
Stephen	20.	Chronic tubal nephritis. Albuminuric retinitis.
Mary	6.	Hæmaturia.
	16.	Diabetes mellitus.
	20.	Hæmaturia and pyuria.
	30.	Perinephritic abscess.
	41.	Hæmaturia.

Miscellaneous.

Philip	5, 40.	Rheumatism.
	28.	Gonorrhœal synovitis.
Stephen	8.	Rheumatism.
Mary	35.	Mastoid abscess.

Respiratory System.

Philip	6.	Phthisis.
	15.	Empyema.
	31.	Diaphragmatic pleurisy.
	36.	Bronchitis and pleuritic effusion.
Stephen	2.	Pneumonia and pleurisy.
	7.	Phthisis.
	13.	Bronchitis and emphysema.
	28.	Bronchitis and lobar pneumonia.
	33.	Pneumonia. Treated with antipneumococcine.
Mary	28.	Phthisis.
	38.	Pleurisy with effusion.

"Clinical."

	4.	Enterica.
	5.	Malaria. ? Hepatic abscess.
	8.	Enterica.
	11.	Cellulo-cutaneous erysipelas of scalp.
	12.	? Pneumo-thorax.
	15.	Aortic aneurysm. ? Myxœdema.
	17.	Mitral stenosis and regurgitation. Adherent pericardium.
	26.	Carcinoma of colon. Right inguinal colotomy.
	29.	Pneumonia.
	35.	Apical pneumonia.
	Cot.	Intussusception.

Pass List.

University of London, January, 1897.

Intermediate Examination in Medicine.

Entire Examination — Second Division.—G. N. Meachen, H. M. Reeve.

Excluding Physiology — Second Division.—A. Fraser, W. W. Harrison, A. Moon, B. W. Moss, W. G. Stewart.

Physiology only—First Division.—W. B. Secretan.

Second Division.—A. H. Carter, H. E. C. Fox, G. C. Owsley.

In the Post-Mortem Room.

Early Post-Mortem Decomposition.

Dr. Bryant made a post-mortem examination of a case on February 3rd, which showed markedly the difficulty there may be in medico-legal cases in estimating the period of death with any degree of certainty by the signs of putrefaction Normally the putrefaction signs do not appear until about the third day after death, but in this case there was marked decomposition eleven hours after the patient's decease. Putrefaction was certainly favoured by the dampness of the weather, but three other cases examined on the same day showed no signs of decomposition.

The patient, an enormously fat woman, æt. 51, was admitted into Miriam ward on January 1st, for severe abdominal pain and jaundice. She had had pain in region of liver and jaundice for a fortnight, and her urine had been "porter-coloured." Gall-stones were diagnosed, and the patient improved somewhat under treatment, but on February 2nd her temperature rose suddenly to 103·6°, and she became cyanosed and died at 3.15 a.m. on February 3rd.

In the ordinary course she was removed to the mortuary about 9 a.m., and at 2 p.m., when Dr. Bryant made the post-mortem examination, the features were bloated and slightly stained. Death was found to be due to a large gall-stone impacted in the common bile-duct. The gall-bladder was suppurating and its walls were soft and broken down and the liver was crepitant, showing on section a number of small spaces full of putrefactive gasses. The kidneys and spleen were soft and crepitant like the liver and deeply stained, and it was impossible to make out their structure definitely. The trachea, bronchi, lungs, heart, and blood-vessels were also stained a deep purple colour, but the brain showed no change. Large, non-mobile bacilli were demonstrated in the spleen.

Cultivations from the spleen were made by Mr. Pakes, and he reported "the organism isolated from the spleen was found to be the Bacillus Coli Communis."

Re-Endowment Fund.

The Interim Report on the Re-endowment and Sustentation Funds has now been distributed, and should it fail to have reached any of our subscribers, will they please communicate with the Secretary to the Treasurer. Further copies may also be obtained.

Mr. Bancroft has kindly promised to give a Reading specially in aid of Guy's, on some Wednesday in November next. Recognising the peculiar need of further arousing the sympathy of south-east London, the venue will be the Opera Theatre at the Crystal Palace, the scene of the concluding performance by the Disguysed Minstrels on Tuesday evening last.

As to that occasion, it may fairly be described as a triumph. The theatre, holding upwards of seventeen hundred people, was packed, and the warmest thanks of the Hospital and the Minstrels are due to Dr. Sidney-Turner, Mrs. Barry, Miss Blanche Grey, Mrs. Im Thurn, and those other ladies and gentlemen to whom the success is due, and who worked to such effect that it is not too much to say that had the theatre been twice the size it would have been filled. That money had to be turned away was lamentable, but we trust it will come to the hospital coffers through some other channel, in fact, we have great hopes that this may be the beginning of an organised and permanent effort in the wealthier portions of south-east London on behalf of Guy's.

Some facts quoted at the Palace certainly proved the claim of South London hospitals for some fresh and continuous support from their neighbours. The population north of the Thames in 1891 was 2,687,000; south of the Thames, 1,544,000. The beds in general hospitals were—north, about 4,000; south, about 1,000, a proportionate deficiency of 1,300 beds in the southern district. But no wonder, for of the voluntary contributions and legacies to metropolitan hospitals in 1894, £389,282 came from the north side, and only £43,229 from the south. The most charitable conclusion we can draw from this startling contrast is that South London hospitals have begged so little that the charitable dispositions of those who should support them have become atrophied from want of the opportunity for exercise. The opportunity is no longer wanting.

DISGUYSED MINSTRELS.

With the Crystal Palace fixture on the 23rd inst. the season came to an end, and members of the troupe and orchestra have earned an honourable and much-needed repose. It remains now to close the accounts and to issue a statement of financial results, a task upon which the Secretary is now engaged.

Novelties.

MATERIA MEDICA, PHARMACY, ETC.

TANNALBIN.

Tannalbin is a combination of albumen and tannin, containing 50 per cent. of the latter. It is a yellow powder devoid of taste and odour. The gastric juices do not dissolve it, and it passes unchanged into the bowel. Very good results have followed its administration, especially to children, as an intestinal astringent in chronic intestinal catarrh, tuberculosis, and nephritic diarrhœa. The dose is 8 to 15 grains every two hours; for children half this amount.

COTO BARK.

This bark from being a reputed remedy in dysentery, has now, as the result of extended clinical observation, become established as a specific against diarrhœa in its various modifications. It is of special value in those cases of diarrhœa met with in the various forms of mental disease, in chronic mental catarrh, in looseness of cachetic states, in the relaxation of pellagia and rickets, and in the night sweating of phthisis. It is contra-indicated in states of severe hyperæmia of the intestines, and where a tendency to melæna exists. If taken in repeated small doses it tends to increase the appetite.

Coto Bark is imported from Bolivia. The active principle is Cotoin, a pale yellow amorphous powder, slightly soluble in water, soluble in alcohol and ether. The dose is ½ to 2 grains. For hypodermic injection a solution 1 in 4 of acetic ether is recommended as having a specific action on the bowels in cholera, 15-minim doses are given every quarter of an hour. Coto Bark has been used for some time at Guy's. The preparations are Extractum Coto Liquid—one ounce equal to one of bark. Dose 2 to 6 minims. Tinct. Coto B.P.C. is made with rectified spirit and the dose 10 minims.

The preparations of Coto Bark have a pungent taste, are rich in resinous principles, and precipitate on the addition of water. They must therefore be given with diluted mucilage or syrup. One of the Mist. Anti-choleraica (Royal College of Physicians, 1892) contains Coto. The following is the formula: Aromatic sulphuric acid, 15 minims; compound tincture of camphor, 30 minims; compound tincture of chloroform, tincture of coto, of each 20 minims; syrup of orange flowers, 1 drachm; peppermint water, to 1 ounce. Dose, 1 ounce every three or four hours.

DR. UNNA.

IN the report upon Dieterich's Pharmaceutical Preparations in the last issue of the GUY'S GAZETTE, the name of the celebrated German dermatologist, Dr. Unna appeared as "Dr. Nunn." The name of Unna is so well known in connection with skin remedies that the printer's error would we believe scarcely obscure Unna's identity with these special preparations.

Notes from a Holiday in Persia.

(Concluded.)

FROM Isfahan we rode to Shiraz, a distance of some 320 miles, and passed various places of interest. First we came to a most curious village called Yezdighast (*i.e.*, God willed it). Its situation is very remarkable. It is perched upon a mass of rock some 100 feet high, but in the distance it merely looks like a collection of houses in the midst of a plain, as the eye can detect no break in the plain until one is quite close up to the village. It then becomes apparent that the ground is broken by a deep and narrow chasm, in which a rock rises nearly to the level of the plain, and upon this rock the village has been built so that the plain appears in the distance as one continuous whole.

The posting-house, which I remember being particularly untidy and comfortless, was at the bottom of the chasm, and we had to ascend an inclined plane of rock to the village, where we wandered through strange and winding passages with dark, sunless recesses, in which the people lived after the manner of Troglodytes. Suddenly we emerged on to a platform 100 feet from the ground, with no parapet, where one saw small children playing about on the brink of a precipice in front of the door of the house.

Our next halting-place was a small town called Abadeh, where we stayed two days, enjoying the hospitality of an Englishman who was in charge of the Indo-European Telegraph, which passes through Abadeh. He was the only European in the place, or, indeed, within a radius of sixty miles, but in spite of that he seemed to find life very tolerable. He took us to see a Persian Hakim, with whom we had a good deal of conversation, mainly on the subject of religion. He was a Babi—*i.e.*, a follower of the Bab, who attempted some fifty years ago to introduce various reforms into the Mohammedan religion, and was consequently put to death. His followers are being continually persecuted, so that most of the Babis are afraid to proclaim themselves as such, but of course the Hakim spoke freely to us, being English.

The late Shah was supposed to have been assassinated by a Babi, and so there was a recrudescence of the persecution of that sect, though really there was no foundation for the charge. It appears that the rulers of Persia regard the followers of the Bab as sedition-mongers, and class them with Anarchists and Nihilists. As a matter of fact, their aims are religious solely, and not political. It appeared to me that their position was not altogether unlike that of the early Christians, who were erroneously regarded by the Roman proconsuls of the time as being politically dangerous.

The old doctor then produced the book of the Bab—the Akdas—which was beautifully bound and illuminated. He read to us various extracts from it, but being written in Arabic, it had to be translated into Persian to our English host, and then handed on to us in English. On the whole, it seemed to me that the aim of the Bab was the reform of Mohammedanism in the direction of Christianity. He inculcated the emancipation of women by enjoining the disuse of the veil and the abolition of the harem, also the sharing of goods in common by members of the same faith, and an ample charity towards men of different beliefs, even to Christians, thus differing most markedly from Mohammedanism as regards doctrine. According to the conception of the Bab, God is not a person, as in the Koran or in the Bible, but a spiritual essence, and all creation is looked upon as an emanation from that source, into which it will ultimately again be resolved.

The next day we went to breakfast with the doctor, at 11 a.m. In accordance with the Persian custom, before beginning to eat we conversed for more than an hour, and then we passed into another room, where breakfast was spread out upon the floor, or rather a sumptuous carpet. Of course there were no chairs or tables, so we sat on the floor, but not in the true Persian fashion, for they tuck their legs underneath them and sit on their heels, which requires much practice, so we contented ourselves with being cross-legged.

Our host ate with his fingers, which, I must say, is a singularly unpleasing spectacle. We were most considerately supplied with a knife and fork. Their system of feeding is very different from ours, for all the viands are put on the floor at once, and you are supposed to take something from every dish and put it all on your plate at the same time. Wine was drunk by each from the same glass.

During a meal the Persians do not speak, but concentrate all their energies on the matter in hand. Our host told us that the Bab had recommended the use of knives and forks, tables and chairs for meals, but these things, apparently, like some of St. Paul's admonitions, were not to be regarded as essential.

While at this place, various halt and maimed were brought to me. I remember in particular a woman, aged 25, with slight enlargement of the thyroid, some exophthalmos, tachycardia and tremors, with the history of a fright a month previously, due to the anticipated persecution of her husband, who belonged to the proscribed sect. I saw also an opium-eater of seven years' standing, who seemed *in extremis*, and wished to be cured of the habit. I found much difficulty in explaining to the doctor the nature of some of the drugs one used; thus it seemed rather strange to him to call iodine an element, seeing that the Persians only recognize as elements "fire, air, earth and water."

Before reaching Shiraz we passed by the ruins of Persepolis—the summer palace of the Persian kings, built about 500 B.C., and burnt by Alexander the Great 170 years later. In the distance the remains of columns, arches and gateways, situated on a platform at the foot of a hill, form a most striking set of ruins, especially when seen at dawn, as we saw them. On closer examination, I was somewhat disappointed to find that the remains were not more extensive; for instance, in what is called the Hall of the Hundred Columns, there was not a single column remaining intact—nothing but a confused mass of bases and capitals. The Persians do not take the smallest interest in these relics of their departed glory; in fact, one Shah was so much bored by Europeans coming to study the inscriptions and sculptures that he had some of them purposely spoilt. The sculptures struck me as curious and interesting rather than beautiful. Most of the figures seemed very stiff and awkward. Probably sculpture, as opposed to architecture, requires a higher standard of intellectual and moral development than the Persians have ever reached or are ever likely to reach.

At Shiraz we stayed with the British agent, who was a Persian, his position being very much analogous to that of the πρόξενος among the Greeks. Shiraz is famous

or beautiful gardens, for the elegant and luxurious life its inhabitants, and for the tombs of the two Persian poets, Hafiz and Sadi, to which we duly made a pilgrimage. We visited several very fine gardens, but they are falling sadly into ruin, as is the case with most things in Persia, which is cursed with a most execrable government, being unable to provide security for life and property. Persia is a standing object-lesson in feeble and fatuous government. An instance of this feebleness, combined with cruelty, met us at Shiraz. Riding one day along the outskirts of the city with a young Persian, we noticed five white mounds by the roadside, and we were told that they marked the places where five men had been "gatched up"—*i.e.*, encased in plaster of Paris and buried alive. It appeared that early in the year the caravan of the German Minister had been robbed in the neighbourhood of Shiraz, so the Governor of the town, who was a stupid man as well as a cruel one, instead of making strenuous efforts to find the robbers, had five men taken out of the jail, who were there for trivial offences, and thus buried alive. An account of this was sent to the English papers, but it was officially denied by the Persian Legation in London. My Persian friend, however, informed me calmly that it was quite true, and that his own cousin in London had simply lied for diplomatic purposes.

I am glad to say that in consequence of this the Governor was compelled to resign, and that a new one had just taken his place when we arrived. We interviewed him one day at his palace, being attended on our way thither by ten satellites, who walked before and after. We found that he at least possessed the superficialities of civilization, and seemed a sensible man, so we hoped that the wretched inhabitants of southern Persia would be subjected to a milder yoke.

At Shiraz I had another odd experience in the shape of visiting a harem, and also an andarûn. I found it rather embarrassing having a chair brought for me while the ladies of divers ages all sat upon the ground. There I saw a very interesting hysterical fit, also a case of leucodermia, which the Persians call "white leprosy."

From Shiraz I journeyed to the Persian Gulf, in company with our Resident at Bushire. This was very fortunate, as otherwise I should have required an armed escort. As it was, we had five soldiers from an Indian cavalry regiment and fifteen Persian soldiers supplied by the Governor of Shiraz. One does not put much confidence in the latter, for usually the soldiers of a Persian Governor are simply an organized gang of robbers, who have to give up most of their booty to the Governor. However, when employed as your escort they do not usually rob you openly. We reached the Persian Gulf without mishap, and there I took ship for India.

Let me say, in conclusion, that for patients suffering from nervous debility, or from eating or drinking too much, I could most highly recommend the ride from the Caspian Sea to the Persian Gulf as a variation on the traditional sea voyage and baths.

R. O. M.

Vacant Appointments.

Demonstrator of Anatomy.
Dental Anæthetist.
Ophthalmic Registrar.

The three above-named appointments are, or will shortly become vacant. Applications are invited and should be sent to the Treasurer, Superintendent's Office, Guy's Hospital, not later than Saturday, March 6.

Further particulars may be obtained of the Dean, Medical School Office.

Guy's Hospital Debating Society.

THE "Ladies' Night" will be held on Saturday, March 13th. The meeting will take place in the Smoking Room at 8 p.m., Dr. Pavy, the president of the society, in the chair. All students and their friends are invited to attend. Mr. J. M. Fortescue-Brickdale will propose, "That the vagaries of fashion now in vogue are unworthy of a civilized nation." Mr. J. E. Collins will oppose.

ROBERT HOWARD, } *Hon. Secs.*
S. J. ORMOND, }

From the Gazette's Special Pathologist.

NOTICES.

C. D. M., BOURNEMOUTH.—A few tubercle bacilli are present in the sputum.

E. R. M., HASTINGS.—No tubercle bacilli could be found in the expectorated material.

J. R. A., SHERBORNE.—Tubercle bacilli are present in the sputum in fair numbers.

S. W., WOOLWICH.—Albumen, small amount. Urea =6·91 grains per ounce. Microscopic examination of the centrifugal deposit shows it to consist almost entirely of pus-cells. Quantities of neutral phosphate crystals were present and some squamous epithelium. No tube casts could be detected.

O., BLECHINGLEY.—After incubation on blood-serum the resulting growth consisted of Klebs-Löffler bacilli associated with a few cocci.

M., KIDDERMINSTER.—There can be little doubt that this growth from the breast is carcinomatous, though it is not of the usual type. It appears to have originated from the smaller ducts, but the tubular character of the new formation is very imperfectly preserved.

T. I. L., TEDDINGTON.—The growth from the rectum is a squamous-celled epithelioma, which has invaded the wall of the intestine.

PATHOLOGIST.

Papers by Guy's Men.

Lancet, February 20th.

Two Cases of Ectopic Gestation, in which rupture of the sac took place in the third week; abdominal section in one case; recovery. By Hastings Gilford, F.R.C.S. Eng.

A Question for Anæsthetists. By R. Clement Lucas, B.S. Lond., F.R.C.S. Eng.

Sport.

Association Football.

GUY'S 1st XI. v. IDLERS.

These eleven's met at Honor Oak Park on February 13th, for the first time this season. The game ended in a win for the Hospital by 4 goals to 3.

The visitors were the first to score, but Guy's immediately equalized, and playing pretty football were able to lead at one time of the game by 4 goals to 1. Robson, who had been in good form, received a kick on the knee, and being obliged to retire Guy's had to play a man short for the greater part of the second half. Playing against ten men the Idlers were able to score two more goals, one of the Guy's halves contributing his mite towards their third and last. Thornely and Humphry each scored twice for the Hospital as the result of some good work by the halves and forwards. Longhurst, one regrets to see, has taken to playing with the ball. Fancy play by the backs is always dangerous to their own team. Brydone played a capital game for the visitors at centre-forward.

R. J. Swan kindly acted as referee—his first appearance in Hospital matches.

We play Bart.'s on Wednesday at Leyton, so we trust plenty of Guy's men will support the team by their presence. Team :—

Guy's.—H. S. Barker (goal) ; W. M. Robson and E. A. Longhurst (backs) ; R. B. Hall, J. MacAlpin and A. E. Crosby (half-backs) ; P. S. Mandy, M H. Thornely, A. Hughes, L. Humphry and C. F. Whitcombe (forwards).

GUY'S v. VAMPIRES.

Played at Honor Oak on Wednesday 17th. Although heavy rain had fallen during the week, the ground was in very fair condition, with the exception of the mouths of the goals, which had deliquesced, so to speak.

The Vampires won the toss, and to Guy's surprise, decided to bask in the sunshine, with the wind, it is true, in their favour. But the latter was so gentle that the obvious disadvantage of playing with the sun in one's eyes was not sufficiently recompensed. Guy's kicked off and at once pressed, the forwards getting away with a swing that augured well, but the Vampires' backs, Kidd, in particular, did not seem to think the attack impregnable. Swan, however, was generally just where he was wanted, and returned the ball to the feet of the forwards, who in turn handed it, metaphorically of course, to the Vampires, and the Vampires to Swan. So far, so good. Then Guy's thought they might try a little shooting, and this last exercise, from a Rugby point of view, was excellent, but a doubtless absurd prejudice of Association football desires that the ball shall pass *under* the bar and *between* the posts. This by the way. Occasionally the ball would find itself on the wing, and Mandy would then race away down the line, but his centres were never improved upon. This was indeed a weak point of the game; the halves generally putting the ball right in the centre, and rarely, if ever, giving the wings a chance. The first half of the game thus passed uneventfully, with the exception of a fine bit of play by Thomas, who kept goal as substitute for the Vampires, and negotiated a hot shot of Ash's in true United Hospital style. Ash, of the Guy's team, certainly shot much more "according to the syllabus," but was rather lazy.

In the second half, the Vampires commenced by pressing hotly. Their attacks before half-time had never been more than half-hearted, and Longhurst and MacAlpin easily kept the goal intact. On changing ends, however, the game went much more merrily, and Barker was frequently called on to save. However, MacAlpin's defence was very sound, and when Guy's once more came to the attack, it seemed as if the game would be confined to the centre of the ground until the end. But a combined attack of the forwards carried the ball down to the Vampires' goal, and although Thomas made a grand attempt, the ball was put through. This spurred the Vampires to the attack, and again Guy's defence was called on. After a bout of back-kicking, Longhurst missed his kick, and let in the inside right, who scored at the second attempt. Then Guy's again attacked, and in attempting to save a low shot Thomas slipped and was forced through the goal with the ball by Ash. Soon after the whistle sounded, and Guy's retired victors by 2 goals to 1.

Of the forwards Mandy alone was up to his usual style ; the halves played very well in the first half, but Greenfield and Swan fell off after half-time. Of the backs, MacAlpin was very sound, and his kicking at times brilliant. S. Hodgson proved himself an able referee in the absence of our much-missed secretary. Team :—

Guy's.—H. D. Barker (goal) ; J. MacAlpin and E. A. Longhurst (backs) ; D. Greenfield, R. J. Swan and A. E. Crosby (half-backs) ; P. S. Mandy, J. Ash, R. B. Hall, L. Humphry and C. Whitcombe (forwards).

GUY'S v. EASTBOURNE.

Played at Eastbourne on Saturday, February 20th, the ground being in a very bad state. For the first few minutes Guy's pressed, and Hughes put in a hot shot that was well saved by the Eastbourne custodian. Our forwards then fell away, with the result that the game was transferred to our quarters, when Thomas had to save repeatedly. Wright then got clean away, and opened the scoring for our opponents. In less than two minutes from the kick off the ball was taken back again, and from a scrimmage in front of our goal it was netted a second time. Guy's then improved, the backs playing better and kicking well down the field. The rest of the first half was evenly contested, each side in turn attacking ; towards the end from a neat pass by Mandy, Humphry scored our only goal.

The second portion of the game was similar to the first, Eastbourne with wind and hill in their favour having slightly the best of the exchanges, and King put

the ball past Thomas, making the score 3 goals to 1 in favour of Eastbourne. No fault could be found with our goal keeper and backs, but the forwards were distinctly weak, the combination being very poor; if we do not improve considerably in this respect, our chances against Bart.'s on Wednesday are rather remote. Team :—

GUY'S.—A. R. Thomas (goal); J. MacAlpin, E. A. Longhurst (backs); R. W. Hall, R. H. J. Swan, A. E. Crosby (half-backs); P. S. Mandy, L. Humphry, A. Hughes, M. H. Thornely and C. F. Whitcombe (forwards).

GUY'S 2ND XI. v. KENLEY (reserves).

Played at Kenley on Saturday, February 13th. The ground was in good condition in spite of the wet weather, and a good game resulted in a win for Guy's by 2 goals to 1. Guy's played against the wind in the first half, and Kenley soon scored at close quarters. The game was then mostly in the home side's half, and Ash scored our first goal after a good run by Camps, shortly before half-time. In the second half Guy's pressed nearly the whole time, although Kenley were occasionally dangerous. Ash was unlucky enough to hit the goal-keeper on the head with a hard shot, and nothing resulted from the corner given. Their goal-keeper made some good saves, but shortly before time a pretty piece of passing between Donston and Ash resulted in the latter scoring the winning goal.

The whole team played a very good game, the forwards being much better especially in shooting. Team :—

GUY'S.—A. R. Thomas (goal); F. J. Turner, J. Phillips (backs); H. Greenfield, D. G. Greenfield, V. Smith (half-backs); P. W. L. Camps, A. Donston, J. Ash, L. J. Hughes and Sub. (forwards).

Rugby Football.

GUY'S v. BART.'S.

The semi-final round of the Rugby Cup Tie was played on Tuesday, February 23rd, at Richmond. The ground was in first-rate condition, and the weather if anything too fine, as the sun was very trying during the first half of the game. Guy's unfortunately lost the toss, which made a lot of difference, as we had to play against sun and wind. Gibson kicked off, and the ball being poorly returned, play settled down in the Bart.'s twenty-five. The first ten minutes the forwards played a really good game, obtaining the ball in the scrum and heeling out smartly, and from a good round of passing we had hard lines in not scoring, but the referee gave it a knock-on. Bart.'s forwards then came away with a good rush, and after a short time the ball was taken to our twenty-five. Ransford in stopping a rush got a nasty kick on the side of the head, and shortly afterwards Robs, obtaining the ball in the loose, fell over the line and scored a try for Bart.'s. Bennett made a good attempt, but the ball fell short. Alexander dropped out, and Bennett returned with a good drop-kick at goal which was touched down. Walker then dropped out and play settled down in the centre, and Bart.'s continued to have slightly the best of the game till half-time.

On crossing over Guy's had the sun and wind at their backs and were expected to do much better. From kick-off Walker made a good return and Guy's began to press. Shortly after Wetherell charged down a kick of Body's, and obtaining possession of the ball crossed over the line, but the referee again gave hand ball. After this Bart.'s had somewhat the better of the game, and several times looked dangerous, but a good kick relieved and play was again in the Bart.'s twenty-five. Here one of the Bart.'s halves was given off-side, and Walker taking the place-kick landed a magnificent goal which equalized scores. Nothing further resulted though the play was very exciting, being for a few minutes close to our goal-line, and the game ended in a draw 3 points each.

The Tie will be re-played next Tuesday, March 2nd, at Richmond. It is hoped the men will come in crowds to support the Hospital.

Remarks.—The result of the game was certainly a disappointment. The team had been playing so much better this term that the falling off of the play in a critical cup-tie was certainly unlooked for, and can only be accounted for by the fact that several men were out of sorts. At full-back Ransford kicked well, but tackled poorly. He was, however, handicapped by a bad kick soon after the commencement of the game. Amongst the three-quarters Clarke and Rae were very much off colour, the former missing his passes badly; the latter doing very little work of any kind. Alexander passed badly, and did not tackle in anything like his usual form. Hunter got very few chances, but kicked well. The principal fault of both halves was in stopping rushes. It is no good trying to stop a dribble by putting out one leg, as the ball invariably rebounds on to the opponent; the ball must be fielded with the hands or fallen on. Walker must learn not to pass on the chance of a man being there. Wetherell had hard lines in not scoring. The forwards started the game well, but for some unaccountable reason lost all their dash after ten minutes. There must be more keenness and dash put into the play, and the tackling must be lower. During most of the game, when the forwards obtained the ball they failed to heel out cleanly, the ball hanging time after time in the back row. At times, too, they lost their heads, and seemed to have no method of going into the scrum, several of the scrums being formed with five in the front row. If only every one will buck up next Tuesday, we ought to have a good chance of being left in for the final, as the pack and all the team have shown that they can play a really good game.

"O that a man might know
The end of this day's business, ere it come!
But it sufficeth, that the day will end,
And then the end is known."——

GUY'S HOSPITAL v. LEICESTER.

This match had been looked forward to with more than ordinary interest, and it was hoped that we should

be able to run our opponents very close, as our record for the present season has been better than for some years past. In the result, however, Leicester proved their superiority by about the usual margin, although the game was more even than the score would indicate.

Guy's having lost the toss, kicked off, and Bagshawe, following up smartly, secured the ball on the bounce and transferred to Gardiner, who crossed the line in the first minute. The place-kick was a failure. After the drop-out, our men, encouraged by their early success, attacked hotly, and Leicester being penalised for offside in their own twenty-five, Alexander essayed to place a goal. The kick, however, fell short, and the home side putting in some vigorous work, transferred operations to our twenty-five. After some good passing, Redman scored for Leicester. Swain, Field and Braithwaite also crossed our lines at intervals, the ball in the meantime being mostly in our half, although there were occasional forward rushes to the other end. None of the tries were converted. At half-time, Leicester led by 4 tries to 1 try.

The second half was very evenly contested, and the Hospital had as much of the game as their opponents, but Redman again ran in for the latter, and Jones kicked a magnificent goal. We were so unfortunate as to lose Cohen after half-time, and the forwards are to be congratulated on holding their own so well after his departure. Moreover, we had distinctly bad luck, as Wetherell ran over between the posts, and after the try had been registered the referee blew his whistle on account of an injury to the Leicester full back, and we had to line up at half-way once more. No further scoring took place, and a fast game ended in our defeat by 1 goal, 4 tries (17 points) to 1 try (3 points).

The tackling, which had lately shown great improvement, was very weak in the first half. Time after time an opponent ran through three or four of our men before being pulled over. If we hope for success every man must be able to tackle effectively. There appeared to be a general tendency to go high for a man in attempting to stop him. The neck is emphatically not the part to go for, and scragging should be avoided as far as possible, as it only leads to unpleasantness. The proper place to tackle is in the region about the knees. A man is bound to go over if running when his knees are suddenly locked together. The opponent with the ball must be brought down as soon as possible by the nearest man without regard as to whether he is going to pass or not. We should also like to see more "devil" in the play generally. There is not enough of that fierce determination which, without unnecessary roughness, is so eminently successful in the case of the Irish and Scotch forwards. The backs, especially the halves, must learn to stop rushes with their hands instead of attempting a counter dribble, which is very rarely successful. The three-quarters seemed to us to stand too close to the scrum, with the result that they could never get on the move; and the half-backs are too selfish and try tricks, which should be the exception, to such an extent that straightforward play comes as a surprise. The forwards have got into a very mild and irritating habit of handing the ball on out of touch. The reason is that they do not jump for it when it is thrown out. If this fault is not remedied, we shall certainly be penalised sooner or later. The following up is very spiritless, with perhaps two exceptions. Every forward must follow up hard, must tackle vigorously, and must work in the packs.

In conclusion, we hope that we shall not give offence by these remarks, which we feel may be exasperating as coming from spectators; but, at the same time, we venture to think that there might be improvement in the points indicated. There is plenty of good material in the team; the forwards are strong and fairly heavy; the backs are fast, and only want to play more to each other to be very dangerous.

GUY'S 1ST XV. v. KENSINGTON.

This match was played on the Kensington Club ground at Wormwood Scrubs, on February 13th. It was a wretched day, rain falling all the morning and throughout the game. The ground was very filthy and soft, consequently play was confined almost entirely to the forward line. Guy's team was not the proper one, Rae and Alexander being absent from the back division, the latter taking Wetherell's place at half-back; as substitutes, Jackson and F. S. Hunter were played. Among the forwards, E. R. Rowe and A. A. Smith replaced E. G. Goddard and H. Trail.

In the first half Kensington defended the goal at the station end of the game, and also kicked off. Alexander returned the ball, and a smart return from a Kensington three-quarter, caused play to settle down in Guy's twenty-five. For some time Kensington did all the pressing, and Guy's had hard work to keep them from scoring; Ransford at back saved from some dangerous rushes, and got the ball into touch by well judged kicking. At length a free kick was given against Kensington for offside play, and by a good kick from Alexander, and smart backing up of our own men, the pressure round our goal was relieved, and play settled down in Kensington territory. Play was now very even for a time, and several rushes were indulged in by both teams. Soon another free kick was awarded to Guy's, and almost immediately after one was granted to Kensington, and by a smart kick from Alexander as a return to the latter, play was carried to Kensington's twenty-five. Soon after this Guy's very nearly scored. Clarke got possession of the ball, and by some very pretty dodging got close up to goal and immediately in front of it. Apparently he intended dropping a goal, but no opening offered; so he passed to Walker, who was unfortunately held on the line. Kensington relieved after a series of scrums, and shortly after half-time was called, and the sides crossed over with no score.

In the second half Kensington did most of the pressing, though occasionally Guy's looked dangerous, but the ball was always worked back to Guy's territory. Shortly after restarting the game, some loose forward play enabled

Mullins to obtain a try for Kensington. The point was not improved upon. At this stage the game became exceedingly rough, a lot of unnecessary swinging being indulged in, more especially among the home forwards. This greatly tickled the palates of their more rowdy supporters who loudly clamoured for more. Kensington shortly afterwards obtained a second try, through Mullins again, almost behind the posts, and a goal easily resulted. About ten minutes before time P. D. Hunter's bad knee gave out and he had to leave the ground, and shortly after this Walker received a nasty kick over the left eye. The game became very interesting as it was entirely confined to the forwards, accurate passing being impossible on account of the slippery state of the ball, and running being out of the question owing to the soft state of the ground. No further scoring took place, and at the close of time Kensington came off the ground victors by 1 goal, 1 try (8 points) to nil. Team :—

GUY'S.—Ransford (back); H. N. Clarke, Jackson, F. S. Hunter, T. Morgan (three-quarter backs); K. B. Alexander, F. E. Walker (half-backs); H. V. Bagshawe, Gibson, Gardiner, E. Cohen, P. D. Hunter, E. R. Rowe, F. Featherstone, A. A. Smith (forwards).

GUY'S "A" v. MERCHANT TAYLORS' SCHOOL.

Played at Honor Oak Park, on Wednesday 24th inst. in windy weather. A good game, however, resulted in a win for the hospital by a goal and a try to nil. At half-time there was no score, but soon after Dudgeon scored a try near the touch line, and before time Dowsett got in between the posts, and from the latter Morgan kicked a goal. Team—

GUY'S.—G. Evans (back); J. H. Brydone, F. D. S. Jackson, T. Morgan, J. Harris (three-quarter backs); E. C. Dowsett, A. Kinsey-Morgan (half-backs); H. V. Bagshawe, G. Shorland, E. R. Rowe, H. D. Wall, H. W. Dudgeon, P. T. Manson, F. G. Rashleigh, K. V. Trubshaw (forwards).

Guy's Hospital Lawn Tennis Club.

A general meeting of the above club was held on Tuesday, February 9th, Dr. Washbourn, Vice-President, kindly took the chair. The following officers were elected:—President: W. Arbuthnot Lane, M.S.; Vice-President: J. W. Washbourn, M.D.; Captain: E. W. S. Rowland; Hon. Secretary and Treasurer: N. Williams; Committee: A. B. Carter, A. J. Cleveland, A. E. Porter, C. E. Michael, P. S. Mandy, F. Cross, P. H. Cooke.

Appointments.

CIVIL.

DAWSON, W. J. O., L.D.S. Eng., has been appointed Dental Surgeon to the Incorporation of Southampton.

GARNER, W. L., M.B., B.C. Camb., M.R.C.S., L.R.C.P. Lond., has been appointed House-Surgeon to the Children's Hospital, Nottingham.

HUNT, ERNEST, M.R.C.S., L.R.C.P. Lond., has been re-appointed a Medical Officer to the Newton Abbot Cottage Hospital.

KENDALL, B. C., M.R.C.S., L.R.C.P. Lond., has been appointed a Medical Officer for the Helston Public Dispensary.

KENDALL, GEO., L.R.C.P. Lond., M.R.C.S., has been appointed an Honorary Surgeon to the Battle Fire Brigade.

LISTER, T. D., M.D., B.S. Lond., F.R.C.S. Eng., L.R.C.P. Lond., has been appointed Pathologist to the East London Hospital for Children.

MANSELL, E. ROSSER, M.R.C.S. Eng., has been re-appointed a Medical Officer to the Hastings Dispensary.

SHORTER, H. E., M.R.C.S., has been re-appointed a Medical Officer to the Hastings Dispensary.

The Services.

(From our Special Correspondent).

NAVAL.

SURGEON SYDNEY CRONEEN to Royal Marine Depot, Walmer.

FLEET-SURGEON EVERARD H. SAUNDERS has been awarded the Gilbert Beane Medal, which is conferred once in every two years on each of the two Medical Officers who shall produce the most approved journals of their practice while in medical charge of a ship-of-war in the Royal Navy.

May 17th is the date announced for next examination for Commissions in Naval Medical Service, but number of vacancies is not yet given out. Revised marks are as follows :—

COMPULSORY SUBJECTS.

(*a*) Medicine, including therapeutics and diseases of women and Children	1,200
(*b*) Surgery	1,200
(*c*) Anatomy and physiology	600
(*d*) Chemistry and materia medica, with a practical knowledge of drugs	600

VOLUNTARY SUBJECTS.

Zoology	300
Botany	300
Physics	300
Geology and physical geography	300

No candidate will be allowed to present himself for examination in more than two of these subjects.

French and German (200 each)	400

The attention of candidates is especially drawn to the importance of operative surgery.

Further details about the examination can be obtained on application to the Director General, Medical Department of the Admiralty.

Birth.

BARNES.—On December 13th, 1896, at Wyndham, North-west Australia, the wife of J. Shepperson Barnes, B.A., M.B. Cantab., of a daughter.

ED.—F. E. F.

For Contents see page 144.

Calendar of Coming Events.

Mar.

Sat. 13.—1.15 p.m., Clinical Lecture by Dr. Goodhart.
G. H. R. F. C.—I. Old Merch. Taylors, home. III. Hampstead II., away.
G. H. A. F. C.—I. Surbiton Hill, away. II. Old Foresters B, away.
8 p.m., Debating Society, Ladies' Night.
Mr. Howse's take-in; Ds. H. Fulton and H. S. Turner; Cl. C. Jephcott.

Sun. 14.—11 a.m., preacher, Rev. H. Fase, Chaplain of Westminster Hospital; 7 p.m., Rev. Canon Morris, D.D., Vicar of S. Gabriel's, Warwick Square.

Mon. 15.—Exams. for Michael Harris and Beaney Prizes begin.
1.30 p.m., Clinical Lecture by Mr. Lucas on "Fractures of the Base of the Skull."

Tues. 16.—2 to 5 p.m., Anatomy Exam. 1st and 2nd Years' Students.
Dental Prize Exams. begin.
4 p.m., Clinical Lecture by Dr. Galabin on "A Case of Tubo-Ovarian Cyst."
8 p.m., Service in Chapel, preacher, Rev. A. L. Lilley, Holy Trinity, Sloane Square.
Schedules for Final Conjoint Exam. to be left at the Medical Office not later than this date.

Mar.

Wed. 17.—Mr. Davies-Colley's take-in; Ds. H. J. M. Barker & C. H. Mossop; Cl. C. E. Michael.
10 a.m. to 12 noon, Physiology Exam. 1st and 2nd Years' Students.
G. H. A. F. C. v. London Hospital, at Leyton. Final Cup Tie.

Thur. 18.—2 to 4 p.m., Surgery Exam. 2nd Years' Students.
4 p.m., Meeting of Athletic Club.

Fri. 19.—2 to 5 p.m., Dental Surgery Exam. 1st and 2nd Years' Students.
Last day for sending Fees and Certificate for Camb. D.P.H. to Registry.

Sat. 20.—1.15 p.m., Clinical Lecture by Dr. Goodhart.
G. H. A. F. C. v. Reigate Priory, at Dorking. Final for Surrey Charity Cup.
8 p.m., Last Meeting of Physical Society.

Sun. 21.—11 a.m., preacher, Rev. H. Pitt, Vicar of St. Mary's, Southwark; 7 p.m., Rev. E. Davidson, Vicar of S. John the Evangelist, Shaftesbury Avenue.

Mon. 22.—First part of Exams. for Junior and Senior Prizes for General Proficiency.
1.30 p.m., Clinical Lecture by Mr. Lucas.

Tues. 23.—First Conjoint Exam. begins.
8 p.m., Service in Chapel, preacher, Rev. E. T. Hand, S. John's, Walworth.

Wed. 24.—Mr. Lucas's take-in; Ds. A. H. B. Kirkman and A. D. Lewis; Cl. R. P. Rowlands.

Thur. 25.—Exam. for Golding-Bird Gold Medal and Scholarship begins.
4 p.m., Annual Meeting of Students' Club.

Fri. 26.—Lectures cease.

Guy's Hospital Gazette,
MARCH 13, 1897.

Appendicitis.

CLINICAL LECTURE BY DR. NEWTON PITT, JANUARY 23RD, 1897.
(*Concluded.*)

Etiology.

Many factors have to be considered, but essentially the pathological process consists in some obstruction to the patency of the orifice of the appendix, leading to over-distension of the distal part of the tube by its contents, which may be poured out in abnormal quantity. The result is an attack of appendicular colic. A further stage in the process may consist in the sloughing of a portion of the wall, thus leading to a local abscess or to peritonitis. This sloughing may be due to various causes, and may be readily brought about, as the vessels of the appendix are at a great mechanical disadvantage, as they run the length of the tube, and it is easy to see that any over-distension, kinking, or pressure from a concretion, or from a great increase of the lymphoid tissue in the wall, may interfere with the circulation. Sloughing may also arise from an increased infectivity of the contents of the tube.

1. *Position.* If the appendix falls into a retro-colic fossa or into the pelvis, it may become kinked, and thus the patency of the lumen and of the blood-vessels may be impaired. In a similar manner, obstruction may be induced by a twist or kink, by the pressure of a band, by a hernia, by fixation of the extremity, by matting of adhesions from old inflammations, or by pressure from an ovarian tumour or a pregnant uterus. Catarrhal enteritis spreading up from the cæcum is sometimes the cause of the blocking of the orifice.

2. *Indigestion.* Many attacks start from a heavy meal or a meal of indigestible food. Constipation also is an important factor in their production. The regulation of the bowels and of the diet is the most important treatment for patients who have recovered from an attack of appendicitis. It is, however, probably not merely the over-distension of the colon which induces the attacks.

3. *Swelling or hypertrophy of the lymphoid tissue.* The appendix consists very largely of lymphoid tissue, and when an appendix has been removed during an acute attack, it is not infrequent to find it solid and more than a centimetre in diameter, due to the great increase in volume of the lymphoid tissue, similar to the change found in the tonsils in acute tonsillitis.

We have also had within the last few years several typical recurrent cases, in which the appendix, when removed during a quiescent period, has been found to be absolutely normal, and there has been no trace of any adhesions, or of any past inflammation. Such were cases of an acute infective swelling, which had blocked the orifice and dammed back the secretions, which probably under these circumstances increase in amount. Later the lumen had again become patent, owing to the swelling becoming absorbed.

There is some evidence that rheumatism will induce an attack in the same way that it will produce tonsillitis; and salicylate of soda quickly relieves some attacks of appendicitis when given in the early stage. It has been noticed that sometimes two or three members of a family suffer from appendicitis, and that a history of gout or diabetes in the family is often given. What importance should be attached to this is not yet settled.

The concretions, as pointed out previously, are produced locally in the appendix when the orifice is blocked. They are the result of long-continued obstruction, and by their presence still further damage both the appendix and the circulation, and hence tend to cause sloughing and perforation; but perforation often occurs independently of their formation.

4. *Virulence of organisms in appendix.* Professor Dieulafoy has shown that when the orifice of the appendix is blocked, the virulence of the bacilli coli in the appendix is rapidly and greatly intensified. This is probably an important factor in the production of the pain, œdema, and perityphlitic inflammation.

5. *Traumatism.* — Many attacks definitely date from a blow, more or less severe, in the right groin.

6. *Specific infections.* Besides the inflammatory conditions the appendix may also be infected with—

Tubercle. Typhoid. Actinomycosis.

Recurrent attacks.

When once an attack has taken place the increased susceptibility to the disease may be explained by the—

1. Increased vulnerability of the lymphoid tissue.
2. Mechanical defects left by old adhesions or matting.
3. The presence of a concretion.

Perforation and sloughing.

The majority of attacks, probably three fourths, pass off without this taking place, and the patients leave the hospital feeling well; hence it is erroneous to state that there is no treatment, but surgical, that is efficient. Still it often happens that patients are sent into the hospital moribund, who might have been saved, if operated upon early. We cannot too strongly insist upon the fact that if there is local mischief, which persistently ingravesces, the sooner the patient is placed under surgical observation ready for immediate operation directly it is indicated, the better. If the appendix perforates, there can be no question that exploration and drainage, with probably the removal of the organ, is the proper treatment, although all are not agreed as to how long it is allowable to delay.

Delay is often fatal, the evil results from early operation quite exceptional.

Gangrene.

This may result from—

1. Kinking, or lymphoid overgrowth obstructing the orifice and causing over distension.
2. Strangulation by a band, or from adhesions.
3. Over distension by a concretion.
4. Thrombosis of vessels.
5. Infective virulent contents.

The *symptoms* are familiar to many of you, and are well described in the text books, so they need not detain us.

Treatment.

At the onset, nothing is so efficient as starvation for twenty-hours with rest in bed, allowing only a small amount of water, barley-water or broth. The question is whether a laxative should be given. Formerly a purge was administered with excellent results in most cases, but where perforation had taken place, it, of course, made matters much worse. Opium in full doses is the present treatment used by many, but it is very doubtful whether its results are not more often injurious than beneficial.

We all know the benefit of a good purge in a case of tonsillitis.

If the attack of appendicitis is the first one, is seen at the onset, and the symptoms are not extremely acute, a saline purge or a dose of castor oil will probably be the best treatment.

Should there be any indication of perforation, however, do not on any account give this, but be content with an enema. Hyd. cum Creta gr. j., with Ext. Belladonnæ gr. $\frac{1}{4}$ three or four times a day is a useful treatment for most cases. The grey powder should be continued so long as there is a local swelling.

Do not misunderstand me, a purge is not to be given as a routine treatment in appendicitis, and certainly not if there is intense pain or collapse.

When there is a slight 'grumbling' pain with discomfort and slight tenderness in the right iliac fossa, a laxative is more likely than a dose of opium to cut short the process and to prevent further mischief in the appendix.

If the pain is intense add Pulv. Doveri, or give some Ext. Opii., but not unless it is needed.

As soon as there is any indication that there may be a perforation or any pus-formation, a surgeon should be called in to discuss the question of operation.

Leeches over the pain area often give relief. Salicylate of Soda may be given to those in whom there is evidence of rheumatism, past or present. Salol helps to diminish decomposition of the intestinal contents, and is often of value.

The treatment after an attack has passed off is to avoid constipation, heavy meals and indigestible food, and this will often suffice to ward off further attacks.

When a patient has once had a very severe attack, or if there have been several attacks one of which has been severe, it is advisable to remove the appendix during a quiescent period. This is an operation with but little risk.

If a patient has a local abscess which is opened during an acute attack, this will often lead to a permanent cure, but sometimes it is necessary to remove the appendix later, on account of further attacks. This is the most difficult operation and may necessitate a most elaborate dissection through numerous adhesions, and a hunt for two or three hours before the appendix can be discovered.

The Question of Castration for Enlarged Prostate.

A paper read before the Physical Society on January 23rd, 1897, by F. E. Fremantle, B.A.

(*Concluded.*)

Turning now from the hypothetical to the practical aspect of the question, we are met at once with a doubt as to the nature of the condition which we are called upon to relieve.

Pathology of Enlarged Prostate.

(*a*) *Microscopic.*—Dr. Joseph Griffiths has again been responsible for some valuable work in this connection, and has done much to clear up the confusion that existed as to the nature and relationship of the various kinds of hypertrophy of the prostate. The prostate itself, as is known, consists of glandular tissue embedded in a firm stroma of fibrous and muscular tissue. The glandular elements consisting of alveoli lined with tall columnar epithelial cells are massed on either side of the urethra and ejaculatory ducts, and but seldom involve the anterior commissure, a band of fibrous and muscular tissue which crosses in front of the urethra. The firm fibrous capsule sends trabeculæ through the gland, and a considerable number of unstriped muscle-fibres of unusual size are grouped around the terminal alveoli.

(i.) *First, or glandular, stage.*—Enlargement of the prostate consists of a definite fibro-adenomatous growth, which extends upwards in the mucous and submucous coats of the bladder, closely resembling in its structure the normal gland. This constitutes the first or glandular stage of the growth.

(ii.) *Second, or fibrous, stage.*—After a variable time degenerative changes set in, and the whole is converted into a dense, fibrous mass, constituting the second or fibrous stage. True myomata do sometimes occur, but they are of a different pathology to the ordinary local or general enlargement of the gland. The two stages thus described above may occur separately, but they are usually represented in different parts of the same gland at the same time.[47]

(*b*) *Macroscopic.*—The following points concerning prostatic hypertrophy are also noteworthy.[48]

(i.) *Direction.*—It always grows upwards, away from the triangular ligament.

(ii.) *Weight.*—Average weight of a normal prostate is 4·5 drachms; and of an enlarged prostate seven drachms.

(iii.) *Size.*—Normal dimensions of the prostate are $4 \times 4 \times 2$ cm. The length of the hypertrophied prostatic urethra is 3·5 cm. or upwards to 7 or 8 cm.

(iv.) *Shape.*—The hypertrophy may be solely in the lateral lobes; or it may begin in the anatomical median lobe; or it may begin in the posterior median line below and work up in front of the median lobe; or it may grow in horseshoe-shaped fashion round the orifice of the bladder and occasionally the anterior lip alone is enlarged, or the whole ring is filled with adenomatous growth. These different varieties are well illustrated in the specimens shown from our museum.

(v.) *Prevalence.*—According to Sir H. Thompson, one out of three males over sixty have enlarged prostates although only about one in ten suffer from it.

(vi.) *Age.*—The age at which hypertrophy begins is probably between 40 and 50, but troublesome symptoms rarely begin to develope much before 60. McGill, however, operated for obstruction due to this cause on a man of 35, Iversen on a man of 36, and Mudd, of St. Louis, exhibited an enormous prostate belonging to a negro aged 27. In each case malignant disease was excluded by microscopic examination. On the other hand, enlargement rarely commences after 70, and is rarely found in patients over 80 years of age. Prostatic hypertrophy, in fact, is a disease rather of middle than of old age, and is rarely if ever developed after the sexual functions are abolished.

(vii.) *Etiology.*—It never occurs, however, without general atheroma, and Guyon, Launois, and others have considered it as part of the general widely-spread

47 Griffiths, *Journal of Anatomy and Physiology*, vol. xxiv., 1890; p. 245.

48 Moullin's "Enlargement of the Prostate."

sclerosis of the vessels, and especially of the urinary tract. This explanation, however, does not account for the first stage of glandular hypertrophy, and so can hardly be accepted. In fact the present stage of our knowledge does not enable us to say why enlargement of the prostate is inclined to occur at a particular period of life; and "until we know more," as Mr. Mansell Moullin puts it in his excellent little book on Enlarged Prostate, "it is better to admit our ignorance than to conceal it from ourselves by accepting, even provisionally, theories which we feel to be unsatisfactory."

Surgical Treatment.

Condition probably already advanced.—To return now to the conditions of enlarged prostate which require treatment, we must remember that it is at present unfortunately only after the mischief has become well established that the surgeon's advice is sought, and it is not until the mischief has become so severe as to cause pronounced signs of complications in the bladder that the patient is, as a rule, willing to submit himself to operation. The muscular walls of the bladder have lost their tone; the mucous membrane has become ulcerated; the venous plexuses of the mucous and submucous layers are plugged with thrombi undergoing organization or decay; sacculation of the bladder-wall has supervened; the ureters and pelvis of the kidneys are dilated and the cortex atrophied; cystitis is perhaps set up by the passage of catheters, and sepsis readily spreads to the dilated and weakened kidneys. Finally, with all the straining necessary to pass the stream of urine, hæmorrhoids and prolapse of the bowel are accompanied by congestion of the prostatic plexus of veins. Œdema of the part ensues and total retention suddenly occurs.

Immediate measures.—It is then that the surgeon is called on to act. The immediate measures he will take are certain enough. Relief must be afforded, and if a catheter cannot be passed, the urine must be drawn off by suprapubic puncture. The patient is put to bed and made to rest, the urine being drawn off at intervals by a catheter. By this means the congestion subsides, straining is abolished, cystitis and hæmorrhage diminish, and not infrequently a diminution in the size of the prostate may be felt on examination per rectum.

This has been the case with an old man of 75, now under Mr. Lucas' care in Job ward, No. 16 bed. Admitted a month ago for the above condition, he has steadily improved under the simple treatment of catheterism and rest, and the prostate as felt per rectum has undergone distinct diminution. As the condition, however, was certain to return, Mr Lucas advised vas-excision, and this was accordingly undertaken on Thursday, January 21st, when the patient was in perfectly good health.[49]

The diagnosis as a rule is not difficult; the history of the trouble, frequent or difficult micturition, diminished control of the act, pain, alteration in the character of the urine, and the phenomena encountered in passing the catheter, will all assist in the diagnosis; and, except in rare cases where the median lobe only is enlarged, examination per rectum will settle the doubt, especially in thin persons where the prostate may be felt bimanually. It must be diagnosed from stricture and calculus, from chronic prostatitis, from malignant and from tubercular disease.

Ultimate measures.—When the diagnosis is certain the surgeon has to choose between the following methods for palliative or radical treatment of the condition:—Catheterism and general treatment, dilatation, drainage by a perineal or suprapubic incision, suprapubic or perineal or combined prostatectomy, with or without drainage, and finally the new series of operations on one or on both sides—castration, vas-excision,[50] ligature of the vas or of the spermatic artery or of the other vessels of the cord—aroused by Professor White's suggestion in the *Annals of Surgery*, for August, 1893. It is to this new series of operation that we must confine our attention this evening, but an excellent discussion of all the methods employed may be read in Mr. Moullin's book, which costs only 4s. 6d., and is well worth perusal.

Castration.

Suggested by Professor White.—As to castration, the occasion on which this interesting suggestion was originally made was that of an address to the American Surgical Association on the Surgery of the Hypertrophied Prostate. After discussing the methods commonly received for treatment of the condition, the professor throws out the suggestion of castration as a possible means of curing the trouble, adding that he had not yet had the courage of his convictions sufficiently to recommend it to any of his patients. The grounds on which he had been brought to these conclusions were, in the first place, the analogy of the treatment of uterine fibromyomata by öophorectomy; in the second, the observations of Hunter, Grüber, Bilharz and others noticed at the beginning of this paper and mentioned in Dr. Joseph Griffiths' papers in the *Journal of Anatomy and Physiology;* and, finally, the experiments by Kirby on the results of castration in dogs, to which allusion has already been made. As a fact this suggestion had already been made in 1885, by Launcis in his Thesis at Paris, "De l'appareil urinaire des vieillards," but no notice had been taken of it.

First cases by Professor Ramm.—Dr. White's suggestion was readily adopted, and the first cases operated on were those by Professor Ramm, of Christiania, in April of that year, 1893. As they are fairly typical of the more favourable class of cases, it may be as well to give their report as it was given in the "Centralblatt für Chirurgie,"[51] and is repeated in Mr. Mansell-Moullin's book.

49 The patient has since made a perfectly good recovery; his micturition is still further improved, and he is now at a convalescent home.

50 Professor Ingram Bywater, Regius Professor of Greek at Oxford University, says in a private letter that the terms used for the operation of castration in Greek literature were ectome and orchotomy, but that if a word were required similar to those already in use by surgeons, it should be orchiectomy; while the proper word for section of the vas would be porotomy. Above all the hybrid word vasectomy should be discarded. But as a rule, in our opinion, the terms castration and vas-excision will serve the required purpose.

51 Centr. f. Chir., xx., 759, and xxi., 387.

"Patient A., was 73 years of age. For fifteen years there had been difficulty in micturition, and for the last year he had passed urine almost every hour. The prostate as felt per rectum was about the size of a medium-sized orange. Bilateral castration was performed on April 3rd, 1893. Three days after the operation the prostate was distinctly smaller, and it has since steadily diminished, being now (on September 2nd) a flat mass. After the operation, and during the first two months, the catheter was passed three or four times to relieve temporary retention. Now he passes water as well as he ever used to do, and has only to empty the bladder twice during the night. The patient was shown before the Medical Society of Christiania twelve days after the operation."

This patient had moderate enlargement of the prostate; and so far as we can tell from the report there was no cystitis and no marked kidney disorder. After the operation, there was a sudden diminution in the size of the prostate, as we shall see to be commonly the case, followed by a gradual diminution and relief of symptoms up to the date of the report, five months later.

"Patient B., was 67½ years of age, and had difficulty in micturition for fourteen years. In 1886 there had been complete retention, and in 1892 the bladder had been punctured supra pubes. The prostate was very large and could only just be reached by the finger in the rectum. Bilateral castration was performed on April 25th, 1893. During the night following the operation he passed a good stream of urine. At the present time (a year later) the prostate is a small flat mass with a median ridge in the position of the urethra. He now passes urine four or five times during the day and once during the night, all the difficulty in making water and all the cystitis having completely disappeared."

Here, again, the details as to the condition before operation are deficient, but the prostate was evidently very large, there was immediate relief to the chief symptoms, and complete atrophy followed during the course of the following year.

Other surgeons followed White's recommendation, and the columns of the medical journals during the last three years are ample witness to the general favour which the operation has found.

White's report in 1895.—In July, 1895, White[52] published a list of all the cases, 111 in number, of which he could, by personal request to the surgeons and by examining the medical press of the world, discover any report. As a result of this investigation he came to the following conclusions:—

(*a*) That rapid atrophy occurred in 87·2 per cent. of the cases after operation; previous cystitis disappeared, or was greatly lessened in 52 per cent.; vesical contractility returned to some extent in 66 per cent.; amelioration in general of the most troublesome symptoms occurred in 83 per cent.; and return almost to normal life in 46·4 per cent.

52 *Annals of Surgery*, July, 1895.

(*b*) Twenty deaths had occurred in all, giving a rate of 18 per cent., but thirteen of these might be excluded as they were found post-mortem to have been suffering from uræmia and kidney disease too far advanced for recovery to be possible.

(*c*) That for ease, certainty and quickness and reduction in amount of anæsthetic required, it was by far the best of the operative measures in vogue if patients could be induced to overcome their natural repugnance to the operation.

(*d*) Unilateral castration had been sometimes followed by a corresponding shrinkage of the prostate, and in two cases by marked improvement of symptoms.

(*e*) Ligature of the vessels or of the whole cord, caused atrophy of the prostate, but only after atrophy of the testicle.

(*f*) Comparing the mortality in these tables with that of the first-published tables of Suprapubic Prostatectomy, in which the mortality was 25 per cent., an advantage of 7 per cent. is shown to the credit of the method of castration.

Objections by Dr. Cabot and others—To this table, however, considerable objection has been taken on the ground that the reports are not full enough, and that many of the cases have not gone long enough since operation to establish definitely their success or failure. In the *Annals of Surgery* for September, 1895, again, Dr. A. T. Cabot of Boston takes up the cudgels on behalf of suprapubic prostatectomy as giving surer results in many cases than castration, and as having a lower rate of mortality. On the table may be seen a specimen, taken from a good case of suprapubic prostatectomy operated on by Mr. Hurry Fenwick, now in the museum of the Royal College of Surgeons.

White replied in an editorial article in the same number, and the controversy is renewed in the issue of the *Annals* for the present month. But such a controversy is very unedifying, at least upon the point at issue. It is impossible to compare the rate of mortality of two such very different operations as these. Cabot says White is not justified in excluding from his list of deaths from castration those who were evidently in very bad plight before operation, and whose end was merely hastened by the shock. White defends his position, and further points out that many cases are included in his tables who were operated on for castration in such advanced stages of disease that no other operation could possibly have been even attempted on them, and castration was performed only as a temporary palliative, in which aim it was to that extent successful. When two authorities from the same table of statistics give the rate of mortality for a given operation respectively as 7 per cent. (which is White's final estimate for castration), and 18·2 per cent. (which is Cabot's) or 31 per cent. (White's estimate of Moullin's tables of prostatectomy), and 20 per cent., it is high time for the novice to turn his back on the controversy.

It will be best to leave alone the exact figures of mortality, and watch in each case the result occurring

as compared with the previous condition, without seeking to indulge in gross and impossible generalities. The conclusion will probably be that in advanced cases, where the patients are old and weak, and little able to withstand the shock of operation, castration, although risky for cases of kidney mischief, is better than any other operation; but that in the case of some of the stronger patients, where there is good reason to suspect a local enlargement of the prostate or the presence of a calculus, suprapubic prostatectomy, despite the risk of a subsequent permanent fistula, may be preferable; although in the majority of patients the diagnosis of calculus or local, removable enlargement will be doubtful, and castration will be safer and far preferable.

In MacEwen's[53] paper on this subject, before the British Medical Association last year, an account is given of 52 cases collected since the appearance of White's table in the previous summer. In 42 of these the condition was said to be materially relieved, giving a proportion of 82 per cent.; 4 cases, or 7 per cent., showed no improvement, and 6 cases, or 11 per cent., died. The reports, however, were very inadequate, and statistics gained in this way are bound to be true only in a very general sense. Cabot's caution must also be borne in mind that the tendency to publish successful rather than unsuccessful cases must be taken into account.

Etiology; speculative.—The shrinking of the prostate and relief of the chief symptoms is due, we may imagine, to several causes. The chief cause of the immediate relief which is frequently noted, that is, within two or three days, must be due largely to a relief of the congestion of the part. Sudden retention, as was remarked above, is due not to sudden local enlargement of the prostate, but to congestion of the veins and plexuses coursing through the prostatic gland, especially on the anterior wall of the urethra, where there is a dense plexus of veins. The immediate effect of castration is probably due to some vasomotor action stimulated reflexly, or more probably to the removal of some normal reflex stimulus, dependent on the presence of the living testicle. But rapid atrophy of the prostrate may also assist in giving speedy relief. White[54] has noticed post-mortem under the microscope, commencing atrophy after 48 hours; and Griffiths has shown the same change after 18 days. In other cases, however, atrophy does not seem to bear any share in the immediate relief. Pilcher,[55] for instance, found in one of his cases little atrophy after four months, but a great deal after a year.

This relief of the congestion repairs the local circulation, and thus the cystitis is improved. The relief from retention relaxes the muscular walls, which may regain their contractility even where they have been, as in Ramm's cases already quoted, fourteen or fifteen years in difficulty over micturition. This relaxation of the spasm-contracted muscles produces a relief of the pain and tenesmus, while the restored power of the bladder enables micturition to be satisfactorily accomplished and the water held at night without any of the portable urinals and other horrors which make the patients' lives a burden to them. On the other hand, when the vesical walls are thickened and sacculated no great improvement can be expected; and when suppuration has extended up to the kidney, with the development of pyelonephritis, probably no benefit will be obtained.

Mental symptoms.—Amongst the sequelæ of castration it has been sometimes urged that mania and delirium are to be included. But most, if not all, of the cases which die with these symptoms are found to have been suffering from advanced kidney disease; and Mr. Mansell Moullin, the pioneer of this operation in England, in a letter dated the 18th of this month, says that the same train of mental symptoms may occur after any operation upon the genito-urinary organs in very old men. As instances of this I may adduce two interesting cases that died in the hospital last year. The one was under Mr. Lucas in Accident ward, being brought in for an injury to the hip which proved to be slight. Symptoms were found, and a history given, which pointed to hypertrophied prostate, and double castration was accordingly performed. Childishness and subsequently delirium ensued, although all the wounds healed up well; and death occurred in three weeks from advanced kidney disease. At the autopsy advanced kidney disease and calculi were found, but the prostate was little if at all enlarged. The other was a case under Mr. Davies-Colley in Luke ward early in last year. This patient had undoubted hypertrophy of the prostate with a two years' history, culminating in retention for two days. No operation was performed, and the usual palliative treatment of catheterism and rest was adopted. Two days afterwards, however, the patient developed typical mental symptoms and died on the fifth day. He, too, was the subject of advanced renal disease.

There is nothing definite, therefore, to show that these mental symptoms are associated especially with the removal of the testes, and the few experiments of orchitic extract administration in such conditions, while they have been said to show an improvement of the symptoms, have not been sufficiently numerous to warrant any conclusions on the matter.

The fears felt by some patients that through this operation they may approximate in other characteristics to the adult who has been castrated before puberty, are absolutely groundless; and no other symptoms have as yet been described as resulting from the operation. The testes, apparently, at this time of life have no influence on any but the genital system.

Taking it as a very broad and general rule, we may, in the words of Cabot, agreed to by White, give advice to our average patient, including those who have the worst as well as the least renal disorders, as follows:—"You have eight chances in ten of pulling through; and if you pull through you have eight chances again in ten that you will be materially relieved by the operation." Mr. Mansell Moullin, in the letter already quoted, announces the death of a patient "from troubles

53 *MacEwen's Paper in* 1896. *B. M. J.*, 1896, vol. II.
54 Annals of Surgery, July, 1895.
55 Annals of Surgery, June, 1896.

entirely unconnected with his urinary organs. I operated," he writes, "two years ago, when he was seventy-five years of age, and removed both testes. Previously he had to rise fourteen or fifteen times a night; he never had half an hour's consecutive sleep; and he had to wear a portable urinal, which, let the makers say what they will, is an awful contrivance for a man with prostatic enlargement. After the operation he so far recovered that he resumed his work as a chemist, only rose twice in the night and sometimes not at all, and was enabled to lead an ordinary life." This is a happy picture of the favourable result that we may reasonably hope to get in cases where the disease is taken in hand sufficiently early. And here we should like to impress on all our hearers the advisability of obtaining the patient's consent to the operation so soon as hæmaturia has begun and palliative treatment has failed to relieve at night. In advanced cases it is a different matter. The patient is glad of relief at any cost, and the operation must often be undertaken with a knowledge that the dangers are very great.

Indications for operation.—The indications for the operation, as given by Mr. Jacobson in the third edition of his "Operations," are (1) failure of previous treatment; (2) one or more attacks of retention; (3) hæmorrhage; (4) inability to micturate, or where this is painful and frequent; (5) increasing difficulty in passing the catheter; and (6) soft and elastic prostate. The latter point is of some importance, as prostates in the first stage of hypertrophy appear to benefit far more than those in the second or fibrous stage; although Dr. Cabot's statement, that myomatous and fibromatous prostates are not benefited, does not appear to be borne out by facts. Probably there are no absolutely fibrous or absolutely glandular hypertrophies, all cases being an admixture of the two in varying proportions; and probably it is the glandular element mainly or only that is affected by castration. Mr. Jacobson himself notes two cases in which he has operated more as a preventive than a curative measure; and both have proved to be an unequivocal success. In this, the second, group of cases where the operation is prospective and preventive, where palliative treatment fails to relieve at night and hæmaturia occurs at intervals, the surgeon is abundantly justified in advising the operation as a preventive of worse things to come.

Handley's incision.—As regards the method of operation, that most commonly employed is by a median incision through the scrotal raphé, both testicles being brought out through the wound. An operation is now being used with success by Mr. Lucas which was recommended independently by Handley,[56] Kahe[57] and Büngner,[58] namely, removal of either testicle through an incision over the corresponding external abdominal ring. This involves two incisions, but the skin in this region can be properly shaved and cleaned before the operation, it can be more satisfactorily dressed and kept pure afterwards, and there is practically no hæmorrhage or exudation of serum. If, however, scrotal suppuration should occur with this incision, a free opening must be made to the bottom of the scrotum and the whole carefully drained.

56 Handley, *Lancet*, December 12th, 1896.
57 Kahe, *N. Y. M. J.*, June 22nd, 1895.
58 Büngner, *Centr. f. H. u. S. Organe*, 1896.

Guy's Results.

In Guy's* our results have not been at first sight favourable, for of ten cases, five have died, although in these the viscera post-mortem showed ample cause for death, the kidneys being extensively diseased and the heart and lungs often unhealthy from atheromatous and fatty changes, from bronchitis and from pneumonia, which occurred in two cases. The surviving cases have for the most part been a complete success, and the only case of vas-excision, which was done on an old gentleman of 75, permitted of his discharge in best of health after ten days. In the fatal cases the operation has been done only as a last resource, with a full expectation of an unfavourable result, and they are no real objection to the operation.

Unilateral castration.—Before bringing this paper to a close, it may be as well to mention the operations of unilateral castration and resection and ligature of the vas deferens. The former operation has in several cases been undoubtedly successful; but in others no perceptible result has ensued. Euren, in the *Centralblatt* for January 9th, 1896,[59] gives the result of eight test cases, on four of whom he performed double and on four unilateral castration. Six of these were over 70 years of age; two had 200 c.c. residual urine and the rest had retention. A rapid and successful result ensued in all but one, and this, being a case of unilateral castration, was relieved by removal of the other testis. He recommends the operation, especially where consent cannot be obtained to double castration.

Vas-excision.

Suggested by Mr. Harrison.—The operation of vas-excision, or vasectomy as it has been unfortunately called, we owe to Mr. Reginald Harrison,[60] who had casually, though at the urgent desire of a patient, divided the vasa some years previously with very good results. Drawing attention to cases of Hilton and Birkett, in which atrophy of the corresponding testis was shown to have occurred after accidental division of the tube, he recommended excision or division of the vasa as an alternative for castration, being an easier operation and one more likely to suit the patient's fancies. The theory of the operation is that atrophy of the testicle, and consequently of the prostate, would be sure to result from the backward pressure of the retained secretions.

Varying results.—Diseases of the testicle.—Curling, however, finds that in contrast to Birkett and Hilton's cases, the vas may be obliterated from birth, and yet in no way interfere with the development or apparent health of the testicle. Griffiths,[61] again, in his work on

59 "Till behandlingen af prostata hypertrofi medels exstirpatio testis." A. Euren, Centralb. f. Ch., January 9th. 1896.
60 *See* Bradshaw lecture; B. M. J., January, 1897.
61 *Lancet*, March, 1895.

* In our next issue we hope to publish a table of these cases.

dogs, finds that ligature of the vas causes slight enlargement of the epididymis and testicle, but does not interfere in any way with the structure of the seminal tubules, or the production of spermatoza. White, in experimenting on dogs, found that there were comparatively few changes in the testicles themselves. The clinical results, however, of resection or ligature of the vasa give better results than would be imagined from those obtained by experiment, although the results vary enormously with the different surgeons. White, in one communication, reported five operations, all of which were fatal, but he admits that these operations were performed only "in extremis." Dr. A. T. Cabot[62] gives a very unfavourable account of his experiences. In twenty-two cases, seven patients died, death being due in two cases to hemiplegia supervening shortly after the operation, in one to suicide from mania, and in four to internal conditions, chiefly renal. Of the remaining fifteen, seven showed great improvement, four improved moderately, one improved and then underwent relapse, and three showed no relief at all. Haynes, of Los Angelos,[63] failed in the only case in which he tried this operation, and several other isolated cases have been reported as failures. On the other hand, Alessandri[64] ligatured the vasa of dogs and obtained rapid atrophy, both of testicle and epididymis. Guyon finds that this produces some effect, although not nearly so well-marked as that of double castration; while Harrison claims seven permanent successes out of twelve single, and five out of ten double vas excisions. Nové-Toperand[65] reports three cases of beneficial result *without*[66] appreciable atrophy of the testicle, which in his opinion rarely takes place. Pavone gives thirty-four cases of excision *and torsion* of the vasa, of which twenty-eight were cured or improved, two gave negative results, and four died of other causes; while Mr. Mansell Moullin says "I have been working now at vasectomy, and my present ideas with regard to it are that it is not so certain as orchidectomy, nor is the wasting so complete, and that it may be followed by exactly the same train of mental symptoms as occur after orchidectomy, and indeed after any operation upon the genito-urinary organs in very old men."

Cameron, of Toronto, suggests, as a reason for such beneficial results as do occur after excision of the vas, the division of nerve-fibres analogous to those of Johnston[67] in the broad ligament. But no such fibres have been described; and the main nerve-supply at least is the spermatic plexus accompanying the spermatic artery.

Toperand[68] believes that the operation acts partly by causing atrophy of the glandular tissue of the prostate, but largely by abolishing the vesico-prostatic congestion, which is no longer kept up by the stimulus of testicular function. Pavone[69] makes in addition the useful suggestion that failures have been often due to incomplete obliteration of the vas. He himself excises an inch and a half of the vas and twists the ends so as to ensure complete closure.

62 Annals of Surgery, September, 1896.
63 Buff. Med. and Surg. Jour., March 1894; Moullin, p. 158.
64 Il policlinico, 1895, No. 9; 9th French surgical congress, *B. M. J.*, October 10, 1896.
65 *B.M.J.*, Loc. Cit.
66 Lyon. Med., October, 1896. *B.M.J.*, November 28, 1896.
67 *B.M.J.*, Loc. Cit.
68 *B.M.J.*, Loc. Cit.

Rationale.

As regards the rationale of the operation, it would be thought that division or ligature of the vessels and nerves of the cord without the vas would have given some immediate and definite result, but this is not the case. White[70] says that ligature of the whole cord, or of the vessels and nerves causes atrophy of the prostate only after it has produced atrophy of the testis. Griffiths,[71] however, with some more of his careful work, showed last year that ligature of the spermatic artery and sympathetic plexus, although it produced a temporary obliteration of the tubules of the testis, had no effect whatever on the glandular prostate, and was frequently followed by a recovery of the spermatozoon-producing powers of the testis, a collateral circulation being established by means of branches of the artery to the vas. When both the spermatic artery and artery to the vas were ligatured, no regeneration occurred. It is interesting to us to note two cases quoted by him, one in which William Harvey tied the spermatic artery, but the cells regenerated; the other in which a similar operation by Sir Astley Cooper was followed by sloughing and gangrene. With ligature of the veins only, Griffiths obtained atrophy of the testicle which became fibrous, and in ligature of both veins and arteries he obtained reduction of the testis both in the case of puppies and *in the fully grown dog.*

All these experiments require further working out especially as regards the relative share taken in the relief of symptoms after any of these operations by atrophy of the prostate, on the one hand, as opposed to simple reduction in its size from diminished blood-supply and œdema on the other; and again as to the rapidity with which these results supervene in each case, and the permanency of the respective effects obtained. On the whole, however, these operations are less effective than castration; and we believe that most patients, if the case be honestly but firmly put before them, will consent to the more thorough, more manly operation.

Before bringing this paper to a close, it would be well to dwell for a moment on the necessity of more accurate details being recorded in every case, both by the surgeon and also, in the hospital, by the dresser and clerk. An accurate statement is wanted as to the length of time during which there has been difficulty in micturition, as to the frequency of the use of catheter, and as to attacks of retention, tenesmus and hæmaturia. In the condition on admission we would see carefully noted the general condition of the patient, the degree of atheroma of the vessels in general, the amount of sexual power, the size, shape, and consistency of the prostate as felt per rectum

69 *B.M.J.*, Loc. Cit.
70 Annals of Surgery, July, 1895.
71 Griffiths. *Journal of Anat. and Physiol.*, 1896. Vol. xxx., p. 93.

and bimanually, if possible, the length of the prostatic urethra, as estimated roughly by feeling, *per rectum*, the distance (the normal being 3 c.m.) which the catheter has to pass out of touch before the urine begins to flow; the difficulty and pain and other symptoms encountered in passing the catheter, and a careful analysis of the urine passed in twenty-four hours.

The diagnosis from stricture and calculus, which is comparatively certain, from malignant disease, from chronic prostatitis, from tubercular disease, and from growths between the bladder and rectum, should then be noted; to be followed by the date, method and rapidity of operation, the histological examination of the testes removed, and then the subsequent progress, giving the dates of occurrence of complications, and especially the dates of recommencing control over micturition. No case should be reported in public before six months is over, unless it prove fatal, when the post-mortem report should be given and the results of microscopic examination of the prostate announced. Non-fatal cases should be followed up as long as is possible, and it might be feasible to arrange in the hospital some method by which patients may be sent for by special message at stated intervals after discharge. So only shall we be able to compile a series of trustworthy tables and arrive at a solution of the various problems with which this paper has endeavoured briefly to deal.

Conclusions.

To recapitulate the conclusions at which we have arrived, it appears to us that—

(1). Removal of the testes before puberty prevents the prostate and secondary sexual glands ever developing at all.

(2). Removal of the testes after puberty causes shrinking of the prostate and secondary sexual glands.

(3). Removal of the testes in cases of "hypertrophied" prostate causes a relief of symptoms, and usually a reduction of the hypertrophy analogous to the effect of oöphorectomy on uterine fibro-myomata.

(4). The prostate is developmentally not analogous to the uterus.

(5). The theory of internal secretion, while accounting, perhaps correctly, for the development of general sexual characters at puberty, cannot entirely account for shrinking of the prostate.

(6). Shrinking of the prostate is probably due to the removal of some sub-conscious reflex stimulus, normally conveyed to it from the testes by way of a lumbar spinal centre.

(7). This is more especially suggested by the fact that removal of one testis will sometimes cause a corresponding one-sided shrinking of the prostate.

(8). The immediate or rapid relief of symptoms in these cases is almost entirely due to relief of congestion and œdema in the lymph-spaces, and venous plexuses of the urethra and prostate.

(9). Double castration is less dangerous than prostatectomy, and will cause an amelioration of the chief symptoms in about 80 per cent. of the cases.

(10). The mortality is greatly increased by operating on patients with advanced kidney disease; and operation in early stages will be performed with a better chance of complete cure, and almost without risk to life.

(11). If castration be refused, after a firm and honest statement of the dangers of refusal, excision and torsion of the vasa deferentia, although of less certain efficacy and of doubtful moral expediency, may with regret be recommended.

(12). That increased attention should be given to recording in full the circumstances of every case.

In conclusion, gentlemen, I must offer my thanks to various dignitaries of my mother university and hospital for the most kind and courteous assistance that they have given me in my task; more especially to one who, at the last moment, in the midst of a busy life, has given invaluable assistance and advice to an old dresser in the revision and arrangement of this paper. My thanks are also due for sundry contributions, specimens, abstracts of reports, various paraphernalia, and for these most elegant diagrams that you have seen this evening, to a large number of contributors and curators of museums, real and assistant registrars, ward clerks, carpenters and assistants in the laboratories.

The paper that it has been as well my pleasure as my honour to read to you this evening, can pretend to no originality of fact or fiction. It seeks only to bring before your notice the present position of a question that has recently been discussed in full in every medical society and in every medical magazine. It will have served its purpose if it shall have helped in any way to elucidate a difficult point in surgery, and enabled some of our brotherhood in the practise of their noble art to bring relief to a most intractable, a most distressing, a most pitiable form of misery.

Chief Bibliography.

Functions of Prostate, *Jour. of Anat. and Physiol.*, 1890, xxiv., 27.
Retained Testes do. xxviii., 209.
Testes and Prostate in Eunuchoid persons do. xxviii., 221. Dr. Joseph Griffiths.

Comptes Rend. Acad. Sci., t.CV; also for 1889, p. 4, 1892 and 1893. Brown-Séquard.
Pflüger's Archiv., 1896, p. 335. Zoth and Pregl.
Archiv. de Physiol., viii., 1896, 154, for experiments and discussion on orchitic extract. Felix Legeau.

Original suggestion in *Annals of Surgery*, August, 1893, vol. xviii., pp. 152–188.
Report of results do. do. July, 1895.
Editorial article do. do. September, 1896. White.
Criticisms do. do. do. Cabot.

Original suggestion in *B. M. J.*, September, 1893.
Recapitulation do. June, 1894.
Various References do. 1895–96. White.

Discussion at Brit. Med. Assoc., do., 1896, vol. ii., p. 1697. MacEwen and others.
Bradshaw lecture do. Jan., 1897. Reginald Harrison.

Enlargement of the Prostate, H. K. Lewis, 1894, 6/-. Mansell Moullin.
Operations of Surgery, 3rd edition, 1897. Jacobson.

Hospital News.

CLASSIFIED LIST OF CASES.

In the Medical Wards.

Circulatory System.

Philip 8, 25. Aortic regurgitation and mitral stenosis.
17. Mitral stenosis.
19. Mitral stenosis and regurgitation. Hypertrophied right ventricle.
38. Mitral regurgitation.
Stephen 1. Aneurysm of arch of aorta.
2. Mitral regurgitation.
21. Congenital heart disease.
22. Mitral and aortic regurgitation.
Mary 7. Mitral regurgitation.
9, 26. Mitral stenosis and regurgitation.
10. Chlorosis.
14. Mitral incompetence.
36. Otorrhœa.
45. Aortic and mitral regurgitation.
49. Mitral stenosis and regurgitation.

Nervous System.

Philip 2. Muscular atrophy.
3, 16. Chorea and rheumatism.
9. Chronic myelitis.
21. Ataxia paraplegia.
22. Infantile paralysis.
26. Chorea.
Stephen 9. Chorea.
10. Pseudohypertrophic muscular paralysis.
12. Double abductor paralysis.
15. Chronic myelitis.
23. Locomotor ataxy.
31. Locomotor ataxy and ulcerative colitis.
Mary 2. Cerebral tumour.
3. Alcoholic neuritis.
13. Sciatica.
17. Hysteria.
46. Disseminated sclerosis.
Cot, 57. Pontine tumour.

Alimentary System and Abdomen.

Philip 10. Ulcerative colitis.
24. Epithelioma of œsophagus.
35. Appendicitis.
Stephen 18. Tuberculous peritonitis.
36. Typhoid fever.
Cot. Enlarged spleen. Rickets.
Mary 4. Malignant peritonitis.
5. Tuberculous peritonitis.
15, 19, 22. Gastric ulcer.
23. Enlarged liver and spleen.
37. Ascites.
42. Jaundice. Malignant disease.
48. Abdominal cyst.

Genito-Urinary System.

Philip 4. Chronic nephritis.
7. Chronic tubal nephritis.
29. Chronic tubal nephritis and diabetes.
30. Acute orchitis.
32. Chronic nephritis.
37. Chronic tubal nephritis. Ascites.
Stephen 6. Diabetes mellitus.
11. Chronic interstitial nephritis.
32. Chronic tubal nephritis.
Mary 20. Hæmaturia.
30. Perinephric abscess.
34. Recurrent ovarian irritation.

Respiratory System.

Philip 6. Empyema.
12. Bronchitis.
15, 33. Phthisis.
20. Pleuritic effusion.
23. Bronchitis. ? Phthisis.
Stephen 3, 40. Empyema.
4. Broncho-pneumonia.
28. Bronchitis.
35. Pneumonia.
37. Empyema opening into the lung.
39. Phthisis.
Mary 12, 28. Phthisis.
21. Pleurisy.

Miscellaneous.

Philip 5, 14. Acute rheumatism.
11. Lupus vulgaris.
Stephen 8, 34, 37. Acute rheumatism.
26. Gonorrhœal rheumatism.
Mary 1. Rheumatoid arthritis.
8. Acute rheumatism.
11. Pyrexia. ? Cause.
35. Otorrhœa.

In the Surgical Wards.

Cases under Mr. Howse.

Naaman 7. Varicocele.
Charity Cot. Tuberculous knee-joint.

Cases under Mr. Davies-Colley.

Lydia 2. Tuberculous knee-joint.
6. Fractured malar bone with displacement.
7. Bulbous nerve-ends in amputation stump.
8. Lupus.

Lydia	21.	Talipes equinus.
	23.	Chronic arthritis. Knee.
	Cot.	Strumous dactylitis.
Luke	1.	Retained testis.
	3.	Sebaceous cyst.
	21.	Imperfect descent of testicle. Inguinal hernia.

Cases under Mr. Lucas.

Accident	1, 19.	Concussion.
	7.	Lacerated wound of leg.
	12.	Ruptured external lateral ligaments of knee.
	29.	Fractured ribs. Hæmoptysis.
Lydia	13.	Difficulty in removal of tracheotomy tube after tracheotomy in scarlet fever. Gangrene of fingers.
	14.	Congenital talipes equino-varus.
	18.	Ruptured quadriceps tendon.
Job	6.	Chronic arthritis of knee.
	8.	Mastoid abscess.
	9.	Gonorrhœa. Perineal abscess opening into rectum, etc.
	13.	Inguinal hernia.
	17.	Hæmorrhage into old cavernous tumour in submaxillary region.
	20.	Congenital inguinal hernia.
	21.	Spinal caries. Psoas abscess.
	23.	Epithelioma of floor of mouth. Ankylosis of jaw, following chronic arthritis of temporo-maxillary articulations.
	24.	Inguinal hernia.
Charity	3.	Moveable kidney.
	5.	Cyst of breast.
	Cot.	Ranula.
	21.	Carcinoma mammæ.
	23.	Carcinoma recti.

Cases under Mr. Golding-Bird.

Accident	10.	Potts' fracture.
	11.	Compound fracture of tibia and fibula.
	19.	Fractured patella.
	23.	Concussion.
	26.	Crushed hand. Amputation.
Martha	3.	Irreducible femoral hernia.
	8.	Cleft palate.
	16.	Fractured humerus.
	20.	Extra capsular fracture of neck of femur.
Lazarus	5.	Tumour in neck. ? Malignant glands.
	6.	Anthrax pustule on face.
	10.	Pes cavus.
	12.	Large warty tumour surrounding margin of anus.
	13.	Epithelioma penis.
	17.	? Enlarged bursa over great trochanter.
	20.	Loose external semi-lunar cartilage.

"Clinical."

John	2.	Pneumonia (convalescent).
	3.	Pernicious anæmia.
	4.	Typhoid (convalescent).
	5.	Acute alcoholic poisoning.
	6.	Mitral regurgitation.
	7.	Ulcerative endocarditis.
	8.	Typhoid (convalescent).
	9.	Appendicitis.
	10.	Pneumonia.
	11.	Erysipelas of scalp.
	12.	Pneumo-thorax.
	13.	Chlorodyne poisoning.
	14.	? Ulceration of colon.
	15.	Cerebral hæmorrhage.
	16.	Acute bronchitis (convalescent).
Miriam	17.	Aortic disease.
	18.	Appendicitis (convalescent).
	19.	? Pyæmia.
	21.	? Tubercular meningitis.
	22.	Typhoid (convalescent).
	23.	Gall-stones. Operation (convalescent).
	24.	? Sloughing fibroid. ? Pyosalpinx (convalescent).
	25.	Gastric ulcer.
	26.	Growth in hepatic flexure. Colotomy.
	27.	Floating kidney.
	28.	Pneumonia (convalescent).
	29.	Pneumonia (convalescent).
	31.	Chorea (convalescent).
	33.	Broncho-pneumonia.
	34.	Diphtheria.
	35.	Pericarditis.
	36.	Empyema.

In the Out-Patients' Department.

Medical.

Under Dr. Shaw.—February 12th, 1897.

Gouty Neuritis.—A painter, æt. 53, complained of weakness of the legs and feet. For the last three years he had suffered from gout, and he showed signs of it now, swollen and distorted finger-joints, eczema of both legs. There was considerable flattening of both feet, the muscles of the leg were flabby and small, and the patient walked with great difficulty. Dr. Shaw thought that this was probably a case of gouty neuritis, a condition which is generally recognized. The patient being a painter, it might be put down to lead; but he showed no other signs of blood-poisoning, and the marked affection of legs, while arms were normal, made lead as a cause very unlikely. The flat foot probably resulted from the muscular weakness. It might possibly be due to a gouty inflammation of the plantar fascia, but such an explanation seemed unnecessary in view of such marked paralysis. *Treatment.* Mist. Pot. Iod. ʒ i. t.d.s. Massage of

legs. Dr. Shaw thought that Potassium Iodide generally did more good in chronic cases than Colchicum.

Alcoholism.—A glass-blower's labourer, æt. 37, said he had suffered from cough for some weeks. He owned to being a heavy beer drinker, and gave a history of morning sickness, constipation, occasional passage of blood in fæces, and pain in the upper part of the abdomen. His skin showed a decided yellow tinge. Speech tremulous. There were râles at both bases, but no other abnormal signs in the lungs. The spleen was felt an inch below the costal margin; the liver could not be felt, and its area of dullness was normal.

Diagnosis—Alcoholism. Dr. Shaw said that the spleen may be felt to be enlarged in cases of cirrhosis of the liver before there were any physical signs of disease in the liver itself. *Treatment.*—Abstention from alcohol; Pil. Nux. Vom. cum Ferro gr.v. o.n.; Pot. Iod. gr. iii. Mist. Oxymellis Co. ad. ʒ i. t.d.s.

Cerebral Syphilis; Optic Atrophy.—A patient, who had been seen some months ago when suffering from severe headache, which with vomiting, optic neuritis, and signs of old syphilis, had led to a diagnosis of cerebral gumma, subsequently became hemiplegic on the right side. Under Potassium Iodide he made a good recovery, and now his only signs are some weakness in the right arm and knee-jerks brisker on the right side than the left. He came for increasing loss of sight which was found to be due to commencing atrophy of the inflamed discs. Dr. Shaw recommended the continuance of the Iodide, and subsequently arranged with the patient's medical attendant that the case should be admitted in order that the question of trephining to stop the progress of the optic atrophy should be made the subject for consultation. The patient, however, would not come in.

Feb. 18. Abductor Paralysis.—There was an interesting case of a boy of 7½, sent by Mr. Symonds from his out-patients, with bilateral abductor paralysis of the larynx. The father brought him up for the reason that the noise he made at night kept the rest of the family awake. The laryngoscope showed that the cords were in a condition of moderate adduction, hardly moving during inspiration or expiration. There were no papillomata to be seen. The speech was normal and the breathing was rather easier than that of an ordinary child, but not very remarkable. Sometimes the breathing was loud during the day; but as a rule it was at night when the patient was asleep. Dr. Shaw referred to a case of bilateral abductor paralysis suffering from some obscure nervous disease, the condition of whose larynx was only suspected upon the sister presenting a petition from the other patients that she should be discharged from the hospital on account of the noise she made when asleep. The boy was admitted into Stephen ward.

A Case for Diagnosis.

Fanny T., æt. 14. Admitted into Miriam under Dr. Goodhart for a "hectic condition of things."

Family history is good. Has had scarlet fever.

Nine weeks ago she had a whitlow on the right hand. It was poulticed and the abscess opened. After some time the terminal phalanx came away and the wound healed. Three weeks ago she became very ill, and was confined to bed. She was attended by a practitioner, who made a diagnosis of pleurisy and pneumonia. In spite of treatment she grew worse. She has suffered from pain in the right hypochondriac region, and for the last fortnight has had intermittent diarrhœa.

On admission.—Temperature 103°. Pulse 144. Respiration 32.

She is pale and anæmic, looking very ill.

Respiratory system.—Right side. In front.—Chest moves well. No t.v.f. Resonant on percussion. No adventitious sounds. *Behind.*—No t.v.f. Over the base as high as 9th dorsal spine in median line and 6th rib in midaxillary line percussion note is dull. Above this the note is good. There is a feeble entry of air over the whole chest.

Left side.—There is nothing noticeable.

Circulatory system is normal.

Liver dulness extends as high as lower border of 4th rib, and below reaches costal margin.

Progress of Case.—The temperature since admission has risen at night as high as 103° or 104°, and in the morning is usually between 98° and 99°. An aspirating needle was put in the area of impaired resonance behind four times. No result was obtained from this. The physical signs have remained *in statu quo*, except that on March 8th a rub was heard over the right base in the 9th and 10th intercostal spaces. V. E. C.

(The key to the case will be found on p. 144).

Notes of Three Cases in Dental Practice of unusual interest.

Periosteal suppuration of two years' duration due to the buried roots of a tooth.—The points of interest in the following cases are: (1) The rarity of the symptoms, more or less acute, extending over two years, due to the fracture of a tooth during extraction. (2) The absence of any external appearance of the roots, or sinuses leading down to them. (3) The long continued suppuration, indicating the presence of necrosed bone.

Mr. F., aged about 24 years, a medical student, came to me in January, 1896, concerning some inflammatory condition involving the right superior maxillary bone. The patient stated about two years previously a dental surgeon had been unsuccessful in an attempt to extract the first right upper premolar, and had told him the roots were left in the jaw. The patient said he had suffered much pain and inconvenience since the

operation, and that deep incisions had been made into the external alveolar plate on two occasions, and that each time pus had been evacuated, giving him some temporary relief.

Upon examining the mouth, I found considerable bulging of the external alveolar plate of the right superior maxilla, extending from the region of the canine tooth to that of the second molar, and upwards into the buccal sulcus, and the soft parts were inflamed and painful. All the teeth on that side of the jaw were present, except the first premolar and the first molar. The teeth *in situ* showed no signs of inflammation or abscess, nor did any pus exude from their sockets upon firm pressure. There was no discharge from the nose; no roots or sinuses were visible at the spots where the teeth had formerly existed, and the gums appeared normal in those situations. In the absence of any obvious source of the inflammation I suspected the buried roots of the fractured premolar to be the exciting cause, more especially because a sharp-pointed probe, passed deeply into the gum in the mid-alveolar ridge in this situation, met with hard tissue, presumably a root, or some necrosed bone.

I suggested that an exploratory operation under the influence of an anæsthetic should be made, and the patient assenting, he was placed under ether on February 19th, 1896, when I cut through the gum and found two roots of the first premolar tooth deeply imbedded in the bone. The roots were removed without much difficulty. The wounds treated antiseptically. A few small fragments of bone subsequently came away, and the wound healed rapidly and well. I may mention that Mr. F., at the time of writing, January, 1897, has had no further trouble.

Incomplete eruption of a lower wisdom tooth in a lady aged 72.—Mrs. D., aged 72, presented herself for treatment in 1890. Upon examining her mouth, I found the right lower wisdom tooth partially erupted, the anterior cusps alone being visible, and there was a serous discharge from the socket. The patient was wearing complete upper and lower vulcanite dentures, and no other tooth or root was visible in any part of the mouth. The mandible was much absorbed from age, and probably, too, from the continuous pressure of the dentures, which had been in use for some years.

The patient, and also her medical attendant, desired the removal of the tooth, but as no movement could be detected in it, and on account of its buried position in the ramus, and the wasted condition of the jaw, I decided not to attempt the extraction. It was my conviction that any such attempt would end in failure, that no great force was needed to fracture the mandible, and further, that in order to ensure operative success, it would be necessary to remove a V-shaped piece of the ramus leading down to the angle.

I cut freely away the vulcanite on the corresponding side of the lower denture, so that no mechanical obstruction to the eruption of the tooth should exist, and as the symptoms were not urgent, I advised her to wait until the tooth should become more fully erupted.

I have seen this patient from time to time since her first visit in 1890, and so far as I can judge, the condition of the mouth has undergone no material change during the past seven years—the tooth is not further erupted and the discharge continues. There has been no inflammation of the neighbouring lymphatic glands, and her general health continues fairly good.

Severe earache, following the filling of wisdom teeth, due to abscess of the external ear.—Miss H. L., aged about 25 years, came to me for dental treatment on July 1st, 1896. She had been under my hands during the last twelve or fifteen years, and latterly had been under medical treatment for obscure forms of neuralgia, for which there was no suspicion of any dental cause, although many of her teeth had been filled. On the above-named date I plugged with gold a medium-sized cavity in the right upper and lower wisdom teeth, the pulps of which were living, and there was no difficulty in the operations.

A week later the patient called, complaining of great and persistent pain in the right ear, which she thought was due to the fillings. I examined the wisdom teeth, and found they were not tender to touch or on percussion, unaffected by heat or cold, and no periosteal inflammation or suppuration existed. The patient did not complain of any pain in the teeth themselves, and as their examination gave negative results, I was led to the conclusion that the earache was not due to dental trouble.

Her pulse was high, and her temperature 100° F. I inquired if she had pain in the left ear, and she replied, "I think I have." A diagnosis of inflammation of the parotid gland seemed negatived, as there was no visible swelling on either side of the jaws, and no difficulty in opening or shutting the mouth.

There was no deafness, but the right tragus was tender; hence I strongly suspected, and told the patient so, that the case was one of abscess of the external ear.

I advised her to remain indoors, and to send for her regular medical attendant. Her father subsequently called upon me to say that my opinion was confirmed, and that his daughter had suffered from abscesses of the external ear *on both sides*.

W. A. MAGGS.

Keogh Presentation Fund.

Sixth List.	£	s.	d.
M. B. R., St. Ive's, Broadstairs	0	15	0
M. F. H., Rosslyn Hill, Hampstead	0	10	6
E. E. H. L., Woodford Green...	0	10	0
C. H. B., Guy's Hospital, 2nd donation ...	0	5	0
W. J. J., Guy's Hospital	0	2	6
H. D., Guy's Hospital	0	2	6
W. C. C. P., Lee	0	5	0
H. A. D., St. Leonards, 3rd donation ...	0	2	6
C. A. E., '89 Club	0	5	0

House Committee.

At a meeting of the Court of Committees, on March 3rd, 1897, it was resolved that the House Committee be instructed to take the necessary steps to re-open Addison ward for the reception of patients. It is the intention of the House Committee to use the ward for obstetric and gynæcological cases, thus setting free for female surgical cases the beds in Dorcas ward now allocated to Dr. Galabin and Dr. Horrocks.

A donation of £50 has been made through Sister Luke to the hospital to be employed upon the electric lighting of her ward. The House Committee has accepted the donation with thanks, and the work is being put in hand.

In consequence of the representations of Mr. Carttar, coroner for the South-Eastern District, and in substantial accordance with the recommendation of the Medical Committee, standing order 4, for Externs, has been altered to run as follows:—

"Every patient must be visited by the Extern on each of the four days following confinement, twice at least during the next seven days, and as often thereafter as may be necessary, should there be any interruption to convalescence. Any illness of mother or infant occurring during the lying-in must be reported to the Obstetric Residents."

It has been arranged that the bedroom lately occupied by Sister Accident shall be fitted up as a dark room for the purposes of skiagraphy. It is thought that the room will be a convenient one since it is readily accessible from Accident and Cornelius wards, and can also be used for female cases, of which it is desirable to obtain skiagraphs.

The Committee have signed a contract with Messrs. Thompson, Ritchie & Co. for the electric lighting of the surgery, Bright ward, and the staircase of the medical building. The same firm will undertake the lighting of Luke ward.

Papers by Guy's Men.

The following papers by Guy's men have appeared in the medical journals since the last issue of the Gazette:—

Antipneumococcic Serum (with charts). By Dr. J. W. Washbourn.—*British Medical Journal*, February 27th.

A Case of Severe Puerperal Septicæmia: Injections of Antistreptococcic Serum: Recovery. By Dr. A. J. Sharpe.—*Ibid.*

The Arris and Gale Lectures, on Some Points in the Pathology of Heart Disease. By Dr. E. H. Starling.—*Lancet*, February 27th and March 6th.

Mr. Bancroft's Reading in aid of Guy's has been fixed to be given at the Crystal Palace Opera Theatre, on Wednesday evening, November 24th.

Correspondence.

To the Editor of Guy's Hospital Gazette.

Removal of Papers from the Students' Club.

Dear Sir,—There has been from time to time great trouble in dealing with the periodicals and other papers in the reading-room of the Students' Club. Formerly some of the members of the Club had been in the habit of removing them from the room, and lately this has been repeated.

Now, in the first place, this is directly against the rules of the Club, to which rules every member is bound by honourable obligation to conform.

In the second place, I am sure that individual members, if they thought over the matter at all, would all see how unfair it is to the general body if they remove papers from the public rooms of the Club, and also how much trouble it gives members of the Committee in carrying out the objects for which a club such as ours is founded.

It is only during the last ten days that two of the magazines and some of the weekly journals have been removed. One, Harper's magazine, was missing for a week, and another, the XIXth Century, after much hunting for by our worthy librarian was found in the Externs' room.

I wish, therefore, to appeal to the good feeling and fairness of the members to each other, and to the Committee, to see that such lapses do not occur in future, and I feel sure that all that is needed is to bring this matter more prominently before their notice.—I remain, sir, yours sincerely,

JOHN FAWCETT, Hon. Sec. Students' Club.

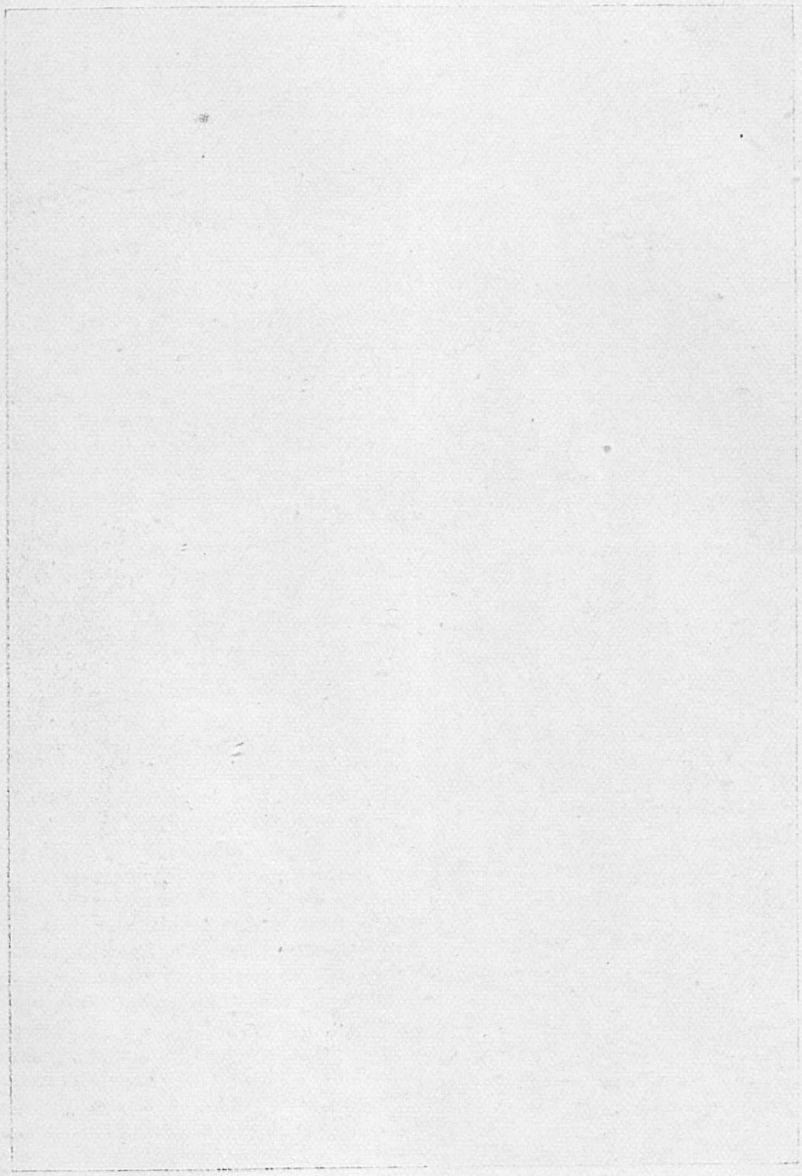
A Guy's Scholarship at Epsom.

Dear Sir,—The appeal to the Governors of Epsom College, suggested in your last issue, on behalf of the son of a medical man, incapacitated by illness, reminds me that I had recently an opportunity of reading what is known as the "Yellow Book" of Epsom College. This book contains a description of the numerous scholarships with the names of the scholars—judge then my surprise when I discovered that Guy's Hospital School was the only Medical school in London that had not founded a scholarship in Epsom College. Would it not be not only a benevolent, but a graceful act on the part of the Dean and his colleagues to celebrate the Queen's Diamond Jubilee by founding a scholarship, giving to a pupil of the College a free medical education together with a bonus to be competed for in July, as in the case of the other medical scholarships? The Yellow Book can be obtained from the bursar at the College.—I am, dear sir, yours faithfully,

EDW. POPE.

Tring, Herts, March 4, 1897.

P.S.—The scholarship might be named the Victorian or Guy's Hospital scholarship, or the Guy's Hospital Victoria scholarship.



MARGARET ANN KEOGH,

Late Night Nurse in the Surgery. (*See page* 138)

GUY'S HOSPITAL DENTAL SOCIETY'S DINNER.

Passim.

Well, it's gone again; or rather our annual expectations of its advent to our own smoking-room are once more cruelly blighted, and it only remains for us now to assume in spirit our deepest mourning for that long wished for Cup. Only a week ago it seemed nearly within our grasp, nearer than it had been for some years past, and now again it is as far off as ever. It seems all the harder, too, as Thomas's have done consistently badly for the whole season, and we have done comparatively well, well enough at any rate to raise our hopes considerably; and then it is the presence of three men in their team, three men who have been absent from their ranks up to the last week or so, that makes all the difference, and they turn out a team as strong as ever and beat us with comparative ease. It is a bit sickening; but it is the fortune of war.

Anyhow, our men played a right good straightforward game, and were beaten by a better team. And here we wish to state emphatically that we entirely disagree with the opinion of the *Standard's* reporter, who stated that "the worse team won." That is all nonsense. On the day's form Thomas's were most decidedly better than we were, and we have the consolation of having been beaten by them and by no other hospital, after one of the pleasantest games that anyone could wish to play in, and our Sporting Editor speaks from personal experience.

On the other hand, one cannot help feeling the keenest sympathy with Alexander that his last game for the hospital should have ended as it did. It would have been a fitting consummation to his five seasons' football at Guy's to have captained the team that won the Cup. In every single game that we have seen him play, he has set the team a magnificent example of absolute fearlessness and pluck. We confidently anticipate for him in the near future even higher honours in the football world than he has already gained.

One or two of the Rugby football players at St. Bartholomew's are good cross-country runners, but so long as their team were still unbeaten in the cup-tie they could not be spared to run across country, as this form of sport tends to develope staying powers at the expense of speed. Our cross-country team accordingly had no full team to contend with a fortnight back; and the cup returns to its accustomed haunt in Guy's for the seventh year in succession. If the money were forthcoming, the trophy, which is a most handsome ornament to the Club, might be bought out, as was done with the cricket cup when it had been in our possession continuously for five years.

So long as Munro was with us it was natural that we should retain our position across country, but both last year and this we have shown that even without him we have a team that can hold its own among the hospitals. Baker especially has been winning laurels lately, and on Saturday last beat E. F. Nicholls and Harold Wade, the old amateur champion, in the ten miles' race of the Lea Harriers for the Hulton Challenge Cup, of which he is only the fourth holder in nineteen years, Munro having held the Cup for five years. Barron, who gave Baker a good run a fortnight ago, and won the handicap, has done very well in this, his first season. He and Fremantle represented Surrey in the first inter-county match at Wembley Park last Saturday, and finished respectively 34th and 61st out of some 80 starters. Barron has a good style and great pluck, and with further experience should make a very good performer.

The Association team have hitherto been achieving conspicuous success in their cup-ties. In the semi-final round for the Surrey Charity Cup-tie last Saturday, they defeated Barnes by three goals to one, and next Saturday they meet Reigate Priory for the Cup itself. In the inter-hospitals' competition, the semi-final tie against St. Bartholomew's, the holders of the cup, after being deferred three times, was at length played off at Leyton on Monday, and resulted in victory to our team by two goals to one. Like all cup-ties of the kind, the match was won by dash more than by scientific play, and the energy of our team was most creditable. McAlpin at half-back played splendidly, and Crosby, unfortunately for the last time, showed to great advantage in the same position. If the team play as dashingly again on Wednesday against London, we believe we shall shortly see the Association cup in the smoking-room for a year.

Our heartiest congratulations are due to Guy's and to H. W. Dudgeon on his international cap, which he has been given for to-day's match against Scotland, at Manchester.

If the sporting instincts of our readers have now been satisfied, we will come nearer home and speak to them of the dinners they have eaten. To begin with, there was a smoking concert, preceded by a house-dinner, a fortnight ago—no ordinary house-dinner, but a special house-dinner—in the smoking-room, swept out and garnished for the occasion, at which the Treasurer was entertained by the Residents, and replied to the toast of his health in the genial, jovial way which we are learning to recognise and appreciate very warmly. Nor was it an ordinary smoking concert, but an extraordinary smoking concert, being held in the dining-hall, with special items in costume from Messrs. Allport and Stanley Graham; an account of his family by the resurrected Mr. Robinson; a narrative of his career at Guy's, by Mr. Fitz-Hugh; and many more sober items from old favourites. If not quite so good for sound, the dining-hall is certainly far better ventilated than the smoking-room; and we hope the new experiment will be repeated in the future, having on this occasion proved so conspicuous a success.

On Monday and on Friday in last week were held two dinners which were most significant of the patriotic spirit and the feeling of good fellowship that animates all Guy's people in a way, we believe, unequalled in any other hospital. The first, which we hope may now be considered an annual affair, was a dinner of the Officers and Servants of the hospital and medical school at the Bridge House Hotel, with Mr. Henry Williams in the chair. The Treasurer had escaped from the House of Commons for the purpose, and with the Superintendent, Chaplain, Dispenser, Engineer, Caterer and Printer represented the officers; while the total number of ninety and upwards who sat down included, besides the guests, the Foreman of Works and his men, the Librarian and the inhabitants of four "offices," the Porters and Bathmen, the Carpenter, the Dustmen, the Baker and the Keeper of Surgical Instruments.

Amongst the guests on the left of the Chairman, was Mr. Lushington, who was presented with a magnificent piece of plate and an album inscribed with the names of 195 donors constituting the Nursing Staff, and the present company. So unexpected was the gift, that he was at first hardly able to reply. He spoke in the warmest terms of the affection and zeal which had actuated all the officers and servants of the hospital in their work; and gave some amusing reminiscences of those who had served with him throughout, and of others that had died during the twenty years' of his treasurership. Mr. Williams and Mr. Clark, of the St. Thomas' School, who replied for the visitors, also told tales, the Treasurer made a characteristic speech, which was warmly received, and all alike joined in giving voice to the *esprit de corps*, of which the evening's proceedings were most significant. Entertainment was provided by several of the Guy's folk, with a few of their friends, and the company broke up at a late hour.

The second occasion was a dinner given by Dr. Brailey, the new president of the Clubs' Union, to representatives of the constituent institutions. Some forty men sat down in the college library, and in a series of speeches the benefits that the Clubs' Union had secured to the Medical School, in the literary, the social and the athletic spheres of life, were fully proved. In no other hospital, at least in London, are men given such ample opportunity for following out their own special inclinations and becoming acquainted with others of the same tastes as themselves. The Clubs' Union is a real power in the social life of Guy's, as has already been conspicuously proved during the six years of its existence; and for the future we are confident that it will be a security for the further growth, in quality as well as in size, of the school to which we owe at least our whole professional being. Dr. Brailey has always been a sportsman to the core; his professional achievements are of the highest order; and by his kindly attention to the inner man on Friday night he proved himself the best of hosts and showed himself completely in touch, not only with the athletic and literary, but also with the social aspect of the Union of which he is now the honourable President.

The other dinners exemplify the persistence of the bond which unites Guy's men after they have left the hospital. The Goblins dined at the London Tavern on the 4th, some four dozen men sitting down with Mr. V. E. Collins in the chair, the company including a Goblin schoolmaster and several Goblin practitioners of renown. Messrs. Collins, Cleveland, and Fitz-Hugh are officers for 1897. The eighty-niners dined on Wednesday last, with Mr. Beddard in the chair in place of Mr. Partridge, who is on his travels. The new officers for the year are Messrs. Partridge as president, Carpmael as

vice-president, Beach treasurer, and Steward secretary.

One hundred and two sat down to the second annual dinner of the Dental Society, with Mr. Badcock in the chair. This was held at Frascati's on Saturday, February 13th, and was voted a great success. Amongst the visitors were Dr. Washbourn, Dr. Rowell, Dr. Bryant and Mr. Hopkins; whilst the anæsthetists were also represented by Dr. Cock, Dr. Silk, Dr. Hamilton and Mr. Ogle. After dinner came the usual toast list. Dr. Washbourn replied for the hospital, and made a capital speech which kept the whole room in roars of laughter. Dr. Hamilton was also called upon to make a speech and his health was drunk with musical honours. An excellent musical programme had been arranged by Mr. K. W. Goadby, in which Mr. Musgrave's topical song, Mr. Cock's lightning sketches, and a quartette consisting of Messrs. Hinchliff, Butler, V. G. Smith and Floyd were perhaps the most successful items. Mr. Sumerling's tenor voice was also warmly applauded. A large number of old Guy's men were present, some of whom had come very long distances, from Taunton, Coventry, Eastbourne, Southampton and Colchester. The menu was greatly appreciated, and the best thanks are due to Mr. Stanley Cock, for the excellent frontispiece which he designed for it. This we are allowed by the designer's courtesy to reproduce in the present issue. We hope that the dinner is now on a permanent footing and will become a greater success every year.

Speaking of the Clubs' Union reminds one that on Thursday, the 25th, at 4 p.m., in the Anatomical Theatre, the annual general meeting will be held of the Students' Club, with Dr. Pye-Smith in the chair. It is hoped that there will be a good attendance of men to ensure representative elections of three student members on committee, and to discuss the proposal to omit Rule 16 from the rules of the club.

Where is the faded glory of the Physical Society? Last Saturday one of the Resident Staff was reading a paper on Glaucoma, illustrated by a carefully made collection of microscopic and lantern slides; and only eight persons turned up to hear it. We hope that the Presidents may see good to bestow some sort of prize on the unfortunate reader as at least a faint recognition of the trouble to which he has been put.

The four paragraphs that come under the heading "House-Committee" will all be read with intense interest. The electric lighting of some parts of the hospital, the skiagraphic room off Accident ward, the new instructions for externs, and last but not least the re-opening of Addison ward, are of vital importance. For the latter we will take off our hats and raise a loud cheer; on the subject of the Charity we can only ask for further information. But without an increased number of externs our own personal experience is that it is quite impossible to undertake more than fifty obstetric cases in the month and pay them as a matter of routine more than three post-partum visits apiece.

In the *Lancet* of last Saturday, Dr. Cullingworth gives an interesting map showing the prevalence of puerperal fever in the several districts of London. It is enormously to the credit of the Guy's Charity that the Bermondsey, Southwark and St. Olave's districts are especially mentioned as giving a lower death-rate from this cause than any London district, with the exception of St. Giles', Strand, St. Luke and St. Martin's-in-the-fields, in which the resident population is comparatively scarce. In other words, while the worst districts are those left entirely in the hands of general practitioners, the best are those in which the general hospitals help to attend the poor, and of these the Guy's district shows a far better result than that of any other general hospital.

At a special meeting of the Staff of the Medical School of Guy's Hospital recently, it was unanimously resolved: "That the Physicians, Surgeons and Lecturers of Guy's Hospital desire to express to her Majesty's Government their earnest hope that a measure may be introduced into Parliament this Session to appoint a statutory Commission for the reconstruction of the University of London, in accordance with the report of Lord Cowper's Commission."

We are glad to find that the procession of the Queen and Royal Family after leaving St. Paul's Cathedral on the great celebration on June 22nd next, will pass over London Bridge and down the Borough. It will turn west by Borough Road, and pass by St. George's Circus to Westminster Bridge.

The skiagraphic apparatus will probably have a hard day's work on that occasion. It has arrived and arrangements are being made to

allow of its ready use for accident cases. A full description of the apparatus and arrangements had best be reserved until they are completed.

Dr. Galabin will give a clinical lecture on Tuesday, March 16th, at four p.m., "on a case of tubo-ovarian cyst."

We are glad to be able to offer our heartiest congratulations to Dr. Thomas Stevenson on being elected President of the Institute of Chemistry, an honour which he must well deserve. Another old Guy's man, Dr. W. H. C. Newnham, has been appointed Physician-accoucheur to Bristol General Hospital.

A review will be found in another column of "A Manual of Infectious Diseases," by E. W. Goodall, M.D., and J. W. Washbourn, M.D., which appeared some little time since. The authors have had so wide an experience of their subject, and have described it in such a concise and yet interesting manner that the volume should at once take its place as the standard text-book on the subject, not only among Guy's men, but in all other hospitals, and in general practice as well. Personally we have already used the book for a month or more and have found it most satisfactory.

Keats, who went through the whole of the medical course at Guy's in the days of Sir Astley Cooper, is in much favour in the literary world at present. The autograph manuscripts of his "Endymion" and "Lamia" were sold on Wednesday by auction by Messrs. Sotheby, Wilkinson & Hodge for £695 and £305 respectively.

The Guyoscope has appeared for the third time, and good luck to it. Their verses are again excellent. But it is a pity they have taken to describing football matches and dinners in full. They take a great deal of room that one would far prefer to have filled with proper Guyoscopic matter; and it is only doing over again what it is manifestly the duty of the Gazette to undertake.

The Mrs. Keogh fund has reached the sum of £99 17s. 6d. A final appeal is made for the remaining half-crown—plus the three pounds required to cover all expenses. In our next issue we hope to publish the balance-sheet of the fund, and some extracts from the innumerable letters—many of the most enthusiastic description—that have accompanied the subscriptions. In the present issue, being unable, if, indeed, we had been desirous, to get any later photograph of "Auntie," we give a new reproduction of the photograph which appeared in the Gazette three years ago.

Our gymnasts have been showing us what they can do this week; and they showed up very creditably, too. The boxing competitions were won by Pern and Kinsey-Morgan on Wednesday evening, and a grand gymnastic display was held on Thursday, in the presence of Dr. Pavy and a fair and goodly assembly. Full accounts are reserved for our next issue. We are glad to find good use being made this year of the gymnasium, for which we have good cause to be grateful to the munificent donor, and our best wishes will go with our representatives in the inter-hospital competition.

The last meeting of the Physical Society will be held on March 20th. The subject of the Treasurer's Prize Essay not having proved attractive, it has been decided to hold a "microscopical" evening. To ensure the success of the meeting, members are particularly requested to contribute at least one microscope each, and any interesting pathological sections they may possess. These will be discussed over the pipes and coffee.

This evening is to be held the Ladies' Night of the Debating Society; and we hope there will be a large attendance of men to receive the guests. Mr. Brickdale will condemn the vagaries of modern fashion, and will be supported by Mr. Holiday, the secretary of the Rational and Artistic Dress Association; while Mr. J. E. Collins and Mr. W. C. C. Pakes will maintain the contrary.

The Smoking Concert.

"The best smoker there has been for years," was the general verdict on the performance on February 27th, and to our mind, in that excellent programme, Fitz-Hugh's clever parody of "When I was a boy at school" must be given the place of honour, being the most original and wittiest item. The concert commenced with the customary perfunctory piano duet by Messrs. Lidderdale and Eason, followed by "Long ago in Alcala," excellently sung by Jackson. We prefer his rendering of such a humorous and robust song to that of a sentimental love ditty like "Rhoda rode a roadster." He was enthusiastically received, which showed the audience thought so too. Hicks sang "On Lido's waters," by

Tosti, very well, and then Robinson, erstwhile corner-man, again appeared in "It's a great big shame," and later on sang "Molly and I and the baby" with great success. Mr. H. Mac B. Parrott wrestled most successfully with "The storm fiend," and as an encore sang "Riding down from Bangor," from the Scottish Student's Song Book. Mr. Stanley Graham, who is getting very well-known and appreciated at Guy's, sang no less than six times during the evening. His most successful song was "Who's dat a callin'," and others were "Hextra Speshul," "Rhoda," and "Why don't yer marry the gal," and others. They were all excellently sung and with a precision and neatness which our comedians would do well to imitate. Delbruck sang his immortal song from "La Grande Duchesse" of Offenbach, and in response to vociferous cheering, had to sing it again; the audience laughed till they cried at the delightful contrast of song and singer.

The second part opened with a cello solo by Mr. E. W. Eason, and Allport sang "The Judge" with great success, and then gave quite a new type of song "Johnny and I," which lost none of its pathos or effect in his hands. Handson sang two songs by Tosti in excellent style, which, in fact, is too good for smoking concerts, and is never properly appreciated. Lewis sang "Hybrias the Cretan," and Stanley Cock repeated his now familiar Lightning Sketches, his extempore sketch of Cecil Rhodes being by far the best. Miller sang "At my time of life," in the character of Jane Cakebread, and brought down the house, though he was not feeling at all fit, and the concert ended with cheers for the Treasurer and Staff, and "God save the Queen."

In conclusion, we should like to point out how much more the dining-hall is suited for a smoking concert, than the badly-ventilated smoking-room, and suggest that in future the concerts should always be held upstairs, to the greater comfort of both singers and audience.

Selections from Hippocrates.

II.

On Prognosis. — We should observe thus in acute diseases: first, the countenance of the patient, if it be like those of persons in health, and especially whether it be like himself, for this is best of all; whereas the less like it is, the worse, such as the following: a sharp nose, hollow eyes, sunken temples; the ears cold, contracted, and their lobes everted; the skin on the forehead rough, distended, and parched; the colour of the face as a whole being green, black, livid, or lead-coloured. If the countenance be such at the onset of the disease, and the other symptoms will not account for it, inquiry should be made whether the patient has long suffered from sleeplessness, from looseness of the bowels, or from want of food; and if any of these causes be confessed to, the danger is to be reckoned so far less; and it will be clear, in the course of a day and a night, whether the appearance of the countenance proceeds from these causes. But if none of them exist, and the symptoms do not subside in the time mentioned, it may be known for certain that death is at hand. If the disease be in a more advanced stage on the third or fourth day, and the eyes shun the light, or weep involuntarily, or squint, or one be smaller than the other, or if the white of the eye be red, livid, or with black veins upon it: if there be a gum upon the eyes, and they are restless, protruding, or become very hollow; and if the countenance be squalid and dark, or the colour of the whole face be changed— all these are to be reckoned bad and fatal symptoms. The physician should also observe the appearance of the eyes in sleep, for when a portion of the white is visible, owing to the eyelids not being closed tightly, and this is not connected with diarrhœa or purgative medicine, or the patient's habit, it is to be reckoned an unfavourable and very deadly symptom; but if the eyelid be contracted, livid, or pale, or the lip or nose as well, in addition to some of the other symptoms, one may know for certain that death is close at hand. It is a mortal symptom also, when the lips are relaxed, pendent, cold and blanched.

S.

The Oxygen Treatment of Wounds and Ulcers.

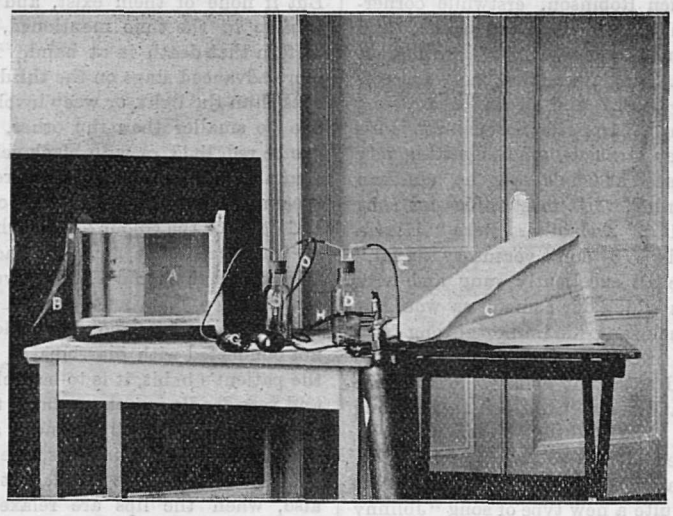
Recently a new treatment for chronic ulcers, wounds, burns, and other diseases, such as lupus, has been introduced, and it seems likely* that it will either supersede or greatly assist all previous methods of surgical treatment in these cases, and the subsequent development of the bacteriological researches undertaken by the introducer of the new system, may cause us to greatly modify our views upon the necessity for the *absolute* asepsis of wounds and ulcers to ensure a rapid healing.

Sir Joseph Lister was the first to introduce the use of a cage in applying antiseptic dressings to a wound. By its means he prevented the mechanical irritation of the wound by dressings, and by surrounding the cage with cloths soaked in carbolic acid, or other antiseptic, he tried to gain all the advantages of an antiseptic dressing without mechanical irritation. But the results were not considered satisfactory and this method soon fell into disuse. But more recently, George Stoker, Esq., M.R.C.P.I., has revived the cage theory, and after trying antiseptic vapours such as carbolic acid, thymol, etc., he has discarded all antiseptics in favour of oxygen, which possesses wonderful powers of destroying the unfavourable bacteria in a wound, of relieving pain, preventing the formation of fœtid discharges, and of causing a rapid healing.

The oxygen is given either pure or diluted with air, which has been purified by passing through wash bottles of lime water and Condy's fluid. The apparatus required consists of two parts—

(*a*) "The supply."
(*b*) "The enclosure."

* We are not responsible for the views of our contributors. Ed.—G. H. G



The Apparatus consists of—

A—The box. B—The funnel. C—Gas bag, tubes, and taps. D—Wash bottles. E—Tube from D to C. G—Hand-ball for pumping air into apparatus. H—Tube from C to cylinder. O—Tube from D to A.

(*a*) "The supply" consists of a wedge-shaped mackintosh gas bag of one cubic foot capacity, fitted with taps and tubes for receiving the oxygen mixture and delivering it to the patient. The empty bag is first filled with the desired amount of pure oxygen, which is measured by means of a small gasometer, and then filled up by pumping air into the bag through the two wash bottles. When in use, "the supply" is connected by means of a tube fitted with a tap for regulating the flow of oxygen to the interior of the enclosure.

(*b*) "The enclosure" varies in structure with the part of the body which is affected, but it essentially consists of a box which can be applied to the part, and which, whilst allowing a slow and steady stream of oxygen to pass through it, is sufficiently air-tight to prevent the entrance of air from without. For the sake of brevity I shall only describe the apparatus used for dealing with ulcers or burns of the distal half of the extremities; but for the treatment of affections of the face and trunk the utmost ingenuity has often to be used to invent an apparatus which shall ensure the needful supply of oxygen. In dealing with affections of the leg, an air-tight box is prepared, open at one end and fitted with a glass lid for convenience in watching the progress of the wound. In using the apparatus, an india-rubber funnel is first applied to the leg above the affected part, the foot is then placed in the box upon suitable pads, and the broad end of the india-rubber funnel is stretched over the open end of the box. The tube from "the supply" is fitted on to a tap placed at the end of the box, and since the india-rubber funnel allows of slight ventilation, a continuous flow of oxygen can be maintained over the wound, and regulated by means of the taps.

I give below brief notes and photos of a few cases which are being treated with oxygen at The Oxygen Home, 35, St. George's Square, several of which I have myself seen.

(i.) Chronic ulcers.

(*a*) Female; middle aged. Two large chronic ulcers on right leg; healed in three weeks after having lasted for two years.

(*b*) Female, about 50 years of age. Large chronic syphilitic ulcer of leg, measuring 9½ inches in longitudinal extent, and so severe that amputation was proposed. After ten weeks' treatment it has healed so that now only 2½ inches of ulcerated surface are left.

(*c*) Mrs. Vince, middle aged. Large chronic ulcer of left leg, 6½ inches by 3½ inches. She was an in-patient of Patience ward for eight months about three years ago (from 12th November, 1892 to 20th July, 1893), when by means of repeated skin graftings the ulcer was healed, but since then the ulcer has returned. She is now under treatment, and healing has taken place to the extent of half an inch, and it is hoped that in nine weeks' time it will be soundly healed.

(*d*) Helen Stanson, æt. 20. Chronic ulcer of eighteen months' duration. The patient had been treated for five months as an in-patient at a hospital in Cambridge, where she had been kept constantly in bed, but without any improvement taking place. She was then treated at home by a lady doctor for another five months. She then came under the oxygen treatment, and the ulcer was completely healed in five weeks. The condition of the ulcer, on admission and

on discharge from the Home, is shown in the two photographs kindly sent by Dr. Stoker. In this case the staphylococci albus, aureus, and citreus increased in number, size and facility of staining in proportion as rapidity of healing occurred.

(*e*) Richard Upton, æt. 75. Chronic ulcer of forty years' duration, first started by an injury to the leg. Patient had a variety of treatment, including rest in bed for long periods. After six weeks' treatment in the Oxygen Home, the ulcer was soundly healed, *vide* photographs of leg showing condition of leg on admission and discharge. A similar relation was noticed between the growth of staphylococci and rapidity of healing as in other cases.

(ii.) *Burns.*—Female, young adult; epileptic. Large burn covering nearly whole of dorsal region of back, about 7 inches by 6 inches, healed rapidly under oxygen treatment, so that now only a space of granulations 2 inches by 1½ inch remain uncovered by epidermis.

(iii.) Lupus erythematosus. A case occurred in a young woman on the wrist, and was cured in six days.

(iv.) Baldness. Under oxygen treatment the hair is said to grow vigorously. One child with a completely bald head was cured in six weeks.

(v.) *Recent wounds* do well under this treatment and heal rapidly and soundly.

(vi.) *Eye.* Male, adult. Inflammation of eye, with collection of pus in anterior chamber, so severe that removal of organ had been advised. Under oxygen treatment inflammation has subsided, and patient can now see indistinctly across the room.

(vii.) Rodent ulcer and epithelioma lose their pain and all fœtor. But it remains to be seen yet, whether oxygen can "cure" these cases. The patient with epithelioma refused operative interference, and under treatment, the eversion of the edges has been lessened and the skin is beginning to grow in round the edge in one place. Possibly, some light may be thrown upon the nature of cancerous growths by this treatment, as active bacteriological cultivations and inoculations with staphylococcus pyogenes albus are being undertaken.

The advantages claimed for the oxygen treatment are:

1. Mechanical relief from the irritation of dressings and bandages.

2. The stimulating effects of the oxygen cause rapid healing, give relief from pain, and destroy all fœtor.

3. Decrease of those bacteria which hinder healing processes.

4. That less contraction takes place in the cicatrix, and that the vascular supply is richer and more abundant in the skin formed under the oxygen treatment than under other conditions.

5. The great cheapness of the treatment.

From the bacteriological investigations carried on by Dr. G. Stoker and Mr. Geo. Dineen during the oxygen treatment, it seems likely that the universal condemnation of all bacteria as inimical to the healing of wounds is too sweeping, and perhaps wrong in the case of staphylococcus. When an ulcer is slow in healing, it is found that the cultivations contain streptococci, bacillus fluorescens, bacillus fœtidus, or rod bacteria, in greatest numbers, with few or no staphylococci. As the healing progresses, the numbers of the former bacteria steadily decrease, whilst the staphylococci increase in numbers, in size, and in facility for taking stains. If a wound or ulcer be indolent or slow in healing, its condition may often be improved by an inoculation with a pure culture of staphylococcus. So far, it seems that staphylococcus pyogenes aureus, staphylococcus pyogenes albus, and staphylococcus pyogenes citreus, all possess the power of assisting the healing processes, either directly by influencing the tissues, or indirectly by destroying other bacteria, and may be looked upon as favourable micro-organisms.

In applying the oxygen treatment, all internal treatment, with the exception of aperients, has been rigorously excluded, and no drugs of any description have been applied to the wounds, so as to exclude the possibility of doubt as to whether the oxygen or the drugs had benefited the patient. There is no doubt that, coupled with suitable medical or surgical treatment, the results would be still better. The only treatment besides oxygen is that once a day the ulcers are steeped in clean water for half-an-hour, in order to wash away the irritating discharges from the surface of the wound.

I have to thank Dr. Stoker for his courtesy in sending the photographs reproduced in this article, and for affording me every opportunity of investigating the cases I have mentioned, and in the trouble he took to explain his views. He wishes me to present his compliments to all Guy's men, and to state that he will be pleased to see any of them at the Oxygen Home, any Tuesday, Thursday or Saturday, at 4 p.m., when they can see the cases for themselves, or on Friday afternoons, when they can witness the making of bacteriological investigations and cultivations. He has also expressed his willingness to come and give his advice if any difficulty is experienced by anyone wishing to start the oxygen treatment at Guy's.

G. E. R.

Mrs. Keogh.

Margaret Ann, Mrs. Keogh, was born at Newport, in the county of Limerick, in March, 1832. Her father was a farm labourer, engaged in work in the district, and her family belonged to the Roman Catholic faith. The early part of her life was spent in Ireland, but on growing up she came to London, and at the age of 21 married Keogh, a native of the same country as herself. He was by trade a tailor, and worked at a large clothier's named Nicoll & James, in the "city." After marriage they lived in Webb Street, Bermondsey, in a part that has since been swallowed up in the building operations of the S. E. and L. B. & S. C. railways. Keogh worked many hours a day at his sewing, but his life, though arduous, was a comfortable one, and his wages good. But the confined atmosphere and long days soon told its tale upon his health, and he became the subject of phthisis, and attended for many months at the out-patient department of Guy's Hospital for hæmoptysis. An attack severer than the previous ones compelled him to seek relief as an in-patient, and to this illness may be traced Mrs. Keogh's first connection with the hospital.

Here Keogh remained for three weeks, and after some improvement he tried to resume his work, but his condition was such that the attempt to do so laid him by again, and after a short illness he died at his own home from the disease from which he had so long languished.

There were five children of the marriage, of whom only two survive. Two boys died in infancy, and a third at the age of 20, from phthisis, like his father. Two daughters are married, and live in London.

At this time Mr. Turner was treasurer of the hospital and Miss Loag matron, and on the death of her husband Mrs. Keogh approached the latter with a view to getting some employment on the premises. The matron enquired if she were capable of doing hard work, and Mrs. Keogh replied she would strive to show herself so. So no time was lost, and she commenced her somewhat miscellaneous duties on the next day. She appears to have begun partly as wardmaid and partly as nurse, and to have applied herself to any sort of job that wanted doing, both in the wards and out of them.

This desultory work continued till five years from entering the hospital, when she was definitely appointed night nurse in the surgery.

This position she has held through all the administrative changes that the hospital has known, up to the time of her retirement, which occurred on January 1st of the present year.

The Resident Staff then consisted of two house-surgeons —a senior and a junior. The junior attended the surgery from 9 a.m. till 5 p.m., and the senior did the ward work, and waited upon the surgeons who required anæsthetics.

The present Staff from the time of Mr. Golding-Bird were all known to her as students, and she can narrate pleasant little reminiscences of all of them.

In those days there was a good deal more work in the surgery, but the character of it was very much the same as that of to-day.

St. Thomas's Hospital, which stood opposite to Guy's, was knocked down about the time she first entered, and of the present staff of attendants within the hospital Mr. Betts, of the Museums, was the only one in office when she came. Among the strange things which in her extensive experience she has seen may be mentioned several confinements in the front surgery, and she remembers once a patient being driven up to the hospital steps who had been taken in labour in a hansom cab, and the infant had to be rescued from the floor of the cab before they were both conveyed with due ceremony to Dorcas ward.

She has seen several cases of hydrophobia, and when asked if she could diagnose them she said, "Oh, yes; it was not difficult after the hiccups came on. At first you could not tell what was the matter, but when the hiccup and fits began there was no longer any doubt." As to treatment, she remarked that the only thing was to keep them under morphia till they died. She can tell of several cases of typhus, plenty of smallpox, and one or two of glanders, and innumerable tracheotomies performed in the surgery in cases of great emergency.

It is very difficult to say exactly wherein the great charm of Mrs. Keogh lay. There is no doubt that she commanded in a high degree the affection and esteem of all who ever at any time worked with her. And that it was not merely a passing sentiment is a fact to which many of us who have long since passed without the hospital walls will warmly testify.

All will remember her kindly disposition; how she had a good word to say of every man and woman, and how she could find the good points in the most forlorn and abandoned characters. Her moral lectures to the students, though very amusing, always contained sound sense, and she was never tired of trying to bring those whom she called the bad boys to see the error of their ways. She would sit in state in the female surgery, with the "boys" on the benches round her, while she talked to them, and cut the strapping into convenient strips for the next day's work. Her room is full of photographs of students, as well as groups, and whenever any name of those she has known is mentioned, she has always a kind word to say of them, either he was a dear boy, or he was a good boy, or a hardworking one, or he was good to his dressers, or his externs, or he was punctual at rising when called, or he had some other of the qualities which she rightly regarded as virtues.

She now resides at 28, Stephens' Street, Borough, and is always glad to see old faces.

The Services.

(From our Special Correspondent).

ARMY MEDICAL STAFF.

With reference to the recent announcement by Mr. Brodrick, Under-Secretary of State for War, in the House of Commons, great disappointment is felt at the refusal to grant army rank to the officers of the Army Medical Staff, and to form the latter, and the warrant officers, non-commisioned officers and men of the Medical Staff Corps into a Royal Corps. On the refusal or conceding of this point hangs the whole question of the status and position of the military surgeon, and until this object is attained, we sadly fear matters in this respect will not right themselves. Let us hope for the best. Many valuable points have been conceded, and we only wish, for the welfare of the body of officers and men concerned and of the army at large, the authorities could see their way to make these concessions also.

Seeing that the department is 66 officers below its strength at the present, it is high time that matters were righted, and the present agitation ended once and for all.

Examination for the Army Medical Staff.

The following is a list of successful candidates for commissions in the Army Medical Staff at the recent examination in London, arranged in order of merit. Only 14 qualified for 35 vacancies!! Minimum marks required, half marks, viz., 1,800.

	Marks.		Marks.
S. L. Cummins ...	2,272	J. G. Walker ...	2 005
C. H. Hopkins ...	2,207	H. G. F. Stallard...	1,948
J. McArdle	2,159	R. D. Jephson ...	1,887
P. Mackissack ...	2,159	H. L. W. Norrington	1,876
L. J. C. Hearn ...	2.113	J. Poe	1,847
J. McD. McCarthy	2,065	J. Crean	1,828
E. Brodribb ...	2,055	A. W. N. Bowen ...	1,809

From *Morning Post*, Tuesday, 2nd March.

"With reference to the recent fiasco in connection with the examination for admission to the Army Medical Staff, the *Army and Navy Gazette* in a leading article, having pointed out the ten reforms which the Committee of the British Medical Association requested of Mr. Campbell-Bannerman in 1893, and that six of these have since been granted in a piecemeal manner, further observes:—"We have no hesitation in saying that had these recommendations been accepted and carried out, the condition of the Medical Service to-day would have been as eminently satisfactory as it is now the reverse. What is its state to-day? The profession will have none of it, and all competition for what ought to be its valuable appointments has ceased to exist." Of the ungranted recommendations one stands out prominently, viz., the fusion of the Army Medical Staff and Medical Staff Corps into a corps. This would increase efficiency, cost nothing, and has been recommended most strongly by the Commissions of both Lord Morley and Lord Camperdown. The military titles of the medical officers having been granted, it certainly should be insisted upon from headquarters that they should be used by everybody. In fact, having gone so far, there is really no reason why medical officers should not be addressed by the military courtesy titles which they hold, in precisely the same manner as a quartermaster is styled "captain" after ten years' service, or as in the case of the officers of the Army Service Corps, which is a non-combatant arm of the Service.

Before any Secretary of State can hope to induce the medical profession to send forward condidates of a good class and in sufficient numbers, he must insist that his regulations shall be carried out in both letter and spirit, and must further place the Medical Department of the Army in a position worthy of its immense duties and responsibilities. To expect of the medical profession that it will support the War Office in making the Medical Staff of the Army a body of camp followers is to ignore entirely the status and the influence of the distinguished men who govern our large hospitals and medical schools."

Extracts from recent Gazettes.

Surgeon-Majors E. O. Reynolds and T. J. Carey, M.B., to be Surgeon-Lieutenant-Colonels, dated 4th February, 1897.

Surgeon-Lieutenant-Colonel E. O. Reynolds has accepted retired pay, March 3rd. He was appointed Surgeon, February 4th, 1877; Surgeon-Major, February 4th, 1889; and Surgeon-Lieutenant-Colonel from February, 4th ult. He served in the Egyptian war of 1882, being present at the battle of Tel-el-Kebir (medal with clasp, and Egyptian bronze star), and with the Hazara expedition in 1888 (medal with clasp).

INDIAN MEDICAL SERVICE.

It was only the other day that the death was recorded of Surgeon-Major Manser, an old Guy's man who was rendering noble services in combating the plague, and who fell at the post of duty.

We wish this week to place on record the services rendered by another old Guy's man in the same fight against this dire and awful plague, namely, Surgeon-Captain L. F. Childe. It is at all times more or less of a risk to undergo an experimental inoculation, but this has been done before by this officer, amongst a few others a short time ago in India.

The following extract is from a recent copy of the *Overland Mail*:—

"Surgeon-Major Hatch, Principal of Grant Memorial College (and two of his servants), Surgeon-Captain Childe, Professor of Pathology at the same College, two Parsees, a Mahommedan and a Marattia Hindu, have been inoculated against the plague at the Petit Laboratory, Grant Memorial College, Byculla, by Professor Haffkine. The learned Professor who has prepared the prophylactic lymph, was the first to set the example of making the experiment on the human subject in inoculating himself. It is satisfactory to know that representatives of the various races and creeds in Bombay have not hesitated to follow their example."

Extract from the *London Gazette*.

Bombay.

"Charles H. S. Lincoln, to be Surgeon-Lieutenant."

Chapel News.

(Contributed by the Chaplain).

Lent.—Special Preachers.

Sundays.

March 7.—11 a.m., Rev. A. Locke, Chaplain of S. George's Hospital. 7 p.m., Rev. J. M. Cadman, Vicar of S. Matthew's, New Kent Road.

" 14.—11 a.m., Rev. H. Fase, Chaplain of Westminster Hospital. 7 p.m., Rev. Canon Morris, D.D., Vicar of S. Gabriel's, Warwick Square.

" 21.—11 a.m., Rev. H. Pitt, Vicar of S. Mary's, Southwark. 7 p.m., Rev. E. Davidson, Vicar of S. John the Evangelist, Shaftesbury Avenue.

" 28.—11 a.m., Rev. James Mahomed, Chaplain of London Hospital. 7 p.m., Rev. E. Travers Clark, Vicar of S. Thomas, Southwark.

April 4.—7 p.m., Rev. W. Harrison, Chaplain of S. Olave's Infirmary.

" 11.—7 p.m., The Chaplain.

Tuesday Evenings at 8 o'clock.

March 9 and 16.—Rev. A. L. Lilly, Holy Trinity, Sloane Square.

" 23.—Rev. E. T. Hamel, S. John's, Walworth.

" 30 and April 6.—Rev. Canon S. M. Taylor, Precentor of S. Saviour's, Southwark.

April 13.—Rev. R. B. Harrison, Vicar of All Saints, Surrey Square, S.E.

Reviews.

Musa Medica. By J. Johnston, M.D. (Edin.) London: Savoy Press, Ltd., 1897.

This book begins unfortunately, with a vulgar reproduction of a commonplace portrait of the author. The text contains:—1. Humorous verse. 2. Serious verse. The humorous part consists of one part W. S. Gilbert, 20 parts water, no wit. The serious part is rather pathetic. The author has something of the art of seeing, and he has read a good deal of poetry, and he would like to use poetry to describe what he has seen. His method apparently is to make notes of, *e.g.*, the stages of a sunset, laboriously to turn his notes into rhyme, to flavour with quotations as paraphrases from Wordsworth. One would like to find in Dr. Johnston's work something to praise, because one feels that he has put into it much labour and some love, and we have tried hard to find some lines which we could genuinely admire; but in the whole book we cannot find a verse with any merit which has not a hopeless fault, or a verse without an obvious fault which has any merit.

A Manual of Infectious Diseases. By G. W. Goodall, M.D., and W. J. Washbourn, M.D. Lewis & Co., London.

This is the most important book on this subject which has appeared since Murchison's publication. Further, it will meet a want in medical education, a want experienced by every medical student who takes up a course of instruction at one of the fever hospitals.

The scope of the book includes the ordinary exanthemata as well as erysipelas and anthrax, which are described from a wider standpoint than it is usual to meet with in medical books. Anthrax is described as an instance of bacterial disease derived from one of the lower animals. Actinomycosis, as well as some of the rarer diseases, are not admitted within the pages of the book. We have no doubt the authors fully considered this point, though students reading for examination and working men will regret the omission.

The authors have throughout kept the book to its practical lines in order to satisfy the needs of the clinical student, and to supply illustrative examples of infectious diseases. The first few chapters deal with fever, contagion, infection, and disinfection. These combined with two chapters on rashes and sore throat will be appreciated by every one who reads them.

Scarlet fever is dealt with very fully, as merits its importance. The usual method of sub-division is adopted; the treatment is particularly clear and indicative. Throughout the book it is seen that the authors do not believe in giving the confusing results of various drugs, but advise treatment on a suggestive basis. The chapter on diphtheria includes all recent work. We should have liked to have seen inserted the authors' views on antitoxin dosage, together with a demand for a more accurate employment of the Behring unit under State supervision.

Measles, rötheln, and small-pox are treated in the same way; vaccinia, pertussis, and mumps are all described at suitable length. Under vaccinia the much debated question dealing with cow-pox is discussed: the authors consider cow-pox and cow-variolation to be identical. They do not allow any complications to follow rötheln, being evidently of opinion that the described cases of complicating nephritis are due to scarlatina. A full account of influenza is followed by an account of typhus and relapsing fever. An excellent chapter on enterica, in which the bacteriological aspect is fully dealt with, precedes two chapters devoted to erysipelas and anthrax. The book is notable for the thoroughness and the breadth of its views which are expressed with great lucidity. The pathology is complete and scientific, and is, as one would expect, replete with modern bacteriology. Further, when on debatable ground the authors say the best for either point of view, though they do not hesitate as to the position to take up in an opinion their experience alone would vouch for.

As we remarked above, the book deals mostly with diseases which occur in the practice of everyone, and handles these in such a thorough and practical way that it will appeal to the student attending his fever hospital, as well as fulfil the requirements of the practitioner as a book of reference. To both of these classes we cannot recommend it too highly.

Sport.

Association Football.

GUY'S v. OLD WILSONIANS.

Played at Honor Oak on Saturday, February 27th, and ending in a draw somewhat in our favour. The game from start to finish was uninteresting, the Guy's team seeming quite at sea on the dry ground. Team:—

Guy's.—M. S. Barker (goal); W. M. Robson, A. E. Longhurst (backs); R. W. Hall, J. McAlpin, A. E. Crosby (half-backs); P. S. Mandy, L. Humphry, H. Hughes, M. H. Thornely and C. F. Whitcombe (forwards).

GUY'S v. BARNES.

Surrey Charity Cup.—Semi-Final.

Played on Saturday, March 6th at Guildford, ending in a win for Guy's by three goals to one.

Play in the first half was fairly fast and in favour of Guy's, although one short at starting. From a scrimmage in front of the Barnes goal, Thornely kicked into the net and opened the scoring, but Barnes retaliated immediately, getting a goal from a free kick in front of our goal. At half time the scores were—one all.

The second half was similar to the first, Guy's doing most of the pressing, and managing to score two more goals, one from a scrummage, the other by a clever kick from Hughes.

We thus qualified for the final, having to meet Reigate Priory on Saturday, March 20th. Team:—

GUY'S.—M, S. Barker (goal); W. M. Robson, A. E. Longhurst (backs); R. W. Hall, J. McAlpin, A. E. Crosby (half-backs); P. S. Mandy, M. H. Thornely, A. Hughes, L. Humphry, C. F. Whitcombe (forwards).

INTER-HOSPITAL ASSOCIATION CUP.—Semi-Final.

GUY'S v. BART.'S (holders.)

Played at Leyton on March 8th. The ground was in excellent condition, and there was hardly any wind.

Guy's kicked off and for the first few minutes did most of the pressing, Hughes making a good effort; but the ball went outside. The Bart.'s forwards then began to settle down, but their shooting was erratic. Play was very even, each side attacking in turn; Bart.'s, however, scored first through Barker mis-fielding the ball. This reverse stimulated our forwards, with the result that Hughes about ten minutes after scored with a good shot, making the scores level. Guy's were defending when the whistle blew for half-time, the scores being one all. From the kick-off Bart.'s dribbled down, but were well stopped by the backs, who played splendidly all through. Mandy then made a good run, and centreing well, Whitcombe had no difficulty in scoring our second goal. Bart.'s did most of the pressing after this, but were unable to score, and so were knocked out by two goals to one. The back division were in great form, and Hughes was most prominent of the forwards. Team :—

GUY'S.—M. S. Barker (goal); (Capt.) M. Robson, A. E. Longhurst (backs); R. W. Hall, J. McAlpin, A. E. Crosby (half-backs); P. S. Mandy, M. H. Thornely, A. Hughes, L. Humphry, C. F. Whitcombe (forwards).

Rugby Football.

GUY'S v. ST. BARTHOLOMEW'S.

RE-PLAYED CUP TIE.—Semi-Final.

This match was re-played on Tuesday, March 2nd, on the Richmond Athletic Ground, in dull and boisterous weather, before a large and enthusiastic crowd. The day which started fine and promising, though with a high wind blowing, turned to a dull and cloudy afternoon. The direction of the wind and the situation of the playing field were in the same line, consequently a stiff breeze was blowing the whole length of the course.

Kick-off was timed for 3.15 and by that time a large audience had assembled, numbering about 1500. Guy's having lost the toss, had for the first half to face the wind, which they appeared to find very unpleasant. Goddard started the ball for Guy's, which, falling into Bennett's hands, was taken by a good run and kick down to Guy's twenty-five, and there it remained for some time. Guy's had all defensive work for some time, and Bart.'s kept the game in our territory, and by some loose rushes and short runs worked the ball on to our goal line. About ten minutes after starting Bart.'s very nearly scored, for from a kick behind scrum the ball came right on to our goal, and before Ransford could get it, it collided with the goal-post and bounced back to the very feet of two opponents who were following up hard. Ransford made a dive and fell on the leather, and a scrum was formed within two yards of Guy's goal. It was at this juncture that Guy's forwards began to show their true form, and with a determined rush relieved the pressure round our goal, and carried the ball to the half-way line. Play settled here for some time, when Bart.'s, aided by the wind, indulging in kicking, took the ball within our twenty-five line. A lot of forward work here showed that our pack were quite holding their own, and that Bart.'s forwards had found their match. From a pass out from scrum, Bennett had a shot at dropping a goal, but the attempt failed, and the ball was touched down by Guy's. Alexander took the kick out, and again Bennett made an ineffectual attempt at a drop goal, but the ball went wide of the posts, and Alexander had to kick off a second time from the twenty-five line. The ball again fell into Bennett's hands and a third failure at goal resulted. Alexander in re-starting the ball, determined to put an end to this prolonged bombardment, and contented himself with a short drop kick, backed up and collared the ball, and then with a dash and a bout of passing and loose rushes the ball was taken up to Bart.'s twenty-five line. Here our back division had a lot of work to do, but despite several good openings obtained by both halves, and some good runs by the three-quarters, no score could be obtained. Hunter on our left-wing was dreadfully handicapped by his bad leg, but throughout played a plucky game. Had he been uninjured we should doubtless have scored in the first half, but when the whistle went for half-time, the ball was in the half-way territory, and neither side had scored any points.

Bennett started the ball for Bartholomew's, who now had to face the wind, and Alexander returning the ball, play settled down in neutral territory. Guy's pack then showed themselves superior to the Bart.'s forwards, and worked the ball down to the opposite goal. From a scrum on the Bart.'s twenty-five line, Walker got the ball away to Alexander, who passed to Clarke, who transferred to Rae, who, amidst a perfect hurricane of cheers grounded the ball behind Bart.'s goal line, but wide out. Walker's attempt at goal, consequently, was not successful. Bennett made several endeavours to get the ball started again, but at length had to resort to Alexander's tactics of a short drop. Unfortunately for his plans one of our forwards got in the way of the ball and a scrum had to be formed within a dozen yards of Bart.'s goal. By some hard rushes from our opponents the ball several times travelled up to our twenty-five, but by capital all round play from our team, the danger was always removed. About this time Hunter saved Guy's line from being crossed in a very plucky manner. The ball was down in Bart.'s territory, when several of our opponents broke away with it and rushed it down the field, passed our back line, and though Ransford did succeed in falling on it, it was kicked on, and our goal was open to attack, when Hunter in spite of his great lameness, dashed up and fell on the ball. By that time our men were up again and the goal was safe. but had it not been for

Hunter, Guy's would not have left the field with a no score against them. From this point Guy's did most of the pressing, and Ransford was enabled to make a beautiful long drop kick, which credited Guy's with another four points. Soon after this Alexander by a beautiful dash through a great many Bart.'s men obtained another try for us, but rather wide out. Walker again took the kick but failed to convert. Shortly before time was called, from some open rushes, Wall picked up the ball, and passed to Gardiner, who passed to Alexander, and the latter returning the ball to Gardiner he was enabled to ground the ball nearly behind Bart.'s goal. Walker's kick failed, however, and time being called Guy's left the field amidst great rejoicing victorious by 13 points to nil.

The whole team played well. At back Ransford was very safe in tackling, and his kicking was sure and quick. Among the three-quarters the play was excellent, Alexander was in grand form, his tackling and saving being the feature of the game. Clarke played hard and did great things, and had hard luck in not scoring. Hunter deserves all the cheering he obtained for the plucky game he played throughout, and for saving the score against us. Wetherell and Walker both played well, and gave the three-quarters plenty of openings. In their tackling and running they showed up strongly.

The forwards played grandly throughout, and it was largely owing to them that our victory was so complete. All of them were individually conspicuous at times throughout the game, and it would be hard to pick the best of them. We think Wall fully showed he deserved a place in the team.

GUY'S v. RICHMOND.

Played on the Richmond Athletic Ground on Saturday, March 6th. Richmond put as strong a side in the field as has appeared for them this season. They won the toss and played down the hill. Within the first ten minutes Hooper scored, and N. Biggs converted. Guy's on the kick out rushed the ball to their twenty-five, but Richmond forced us back. After some loose play Bunting received the ball and passed to Mangles, who scored the second try; this was again converted by N. Biggs. Good work by Guy's forwards followed; this however, was counteracted by the brilliant passing of the Richmond back division, which resulted in Hooper again scoring; N. Biggs converted. This was followed by Mackie scoring between the posts. Result at half-time: Richmond four goals.

On re-starting Guy's played up well, and had as much of the game as our opponents for sometime, and ought to have scored twice. Some pretty passing between the halves and Alexander nearly resulted in Rae scoring, but he was well tackled by Moggridge when within a few yards of the line. Biggs then made a useful run, and in our twenty-five passed to Hooper, who, though well tackled by Alexander, managed to roll over the line and scored far out; the kick failed. Play ruled even, till Biggs obtaining from a scrum made a tricky run down the touch line and scored. Final result: Richmond five goals, one try to nil. Team—

Guy's.—A. C. Ransford (back); K. B. Alexander, F. L. Rae, H. N. Clarke, T. Morgan (three-quarter backs); F. E. Walker, F. C. Wetherell (half-backs); F. G. Gibson, H. V. Bagshawe, A. A. Smith, J. N. Gardiner, F. R. Featherstone, P. T. Manson, G. Shorland, H. W. Wall (forwards).

The report of the final cup-tie has unfortunately not reached us.—Ed. G.H.G.

Guy's Hospital Bicycle Club.

The Annual General Meeting of the above Club was held on March 5th, 1897, Mr. Golding-Bird presiding. The following were elected to serve as officers of the Club during ensuing year. Captain, J. E. L. Bates; Vice-Captain, H. S. Turner; Hon. Secretary and Treasurer, A. Suter-Kaye; *Committee*, F. A. Beattie, F. W. Brook, W. Floyd, W. J. Henson, H. G. Rashleigh, G. S. Simpson.

A vote of thanks to the retiring Vice-Captain, Mr. Temple, was recorded, the Club fully recognising the valuable work he has done for it.

A hearty vote of thanks to Mr. Golding-Bird terminated the Meeting.

Inter-Hospital Cross Country Challenge Cup.

It was thought that this year we should be opposed by at least two hospitals, but this at the last moment proved not to be the case, as no full team turned out to meet us on the 27th of February. The weather and course were all that could be desired, and the scratch race and ten miles handicap were decided; our team ran well, but we regret that C. F. Watson did not start, as if he had, it would have shown the full strength of our team. Of the race itself, Fremantle led off followed by Smith, Baker and Barron, with the rest in close attendance. After traversing about half a mile Baker took the lead, with Smith, Barron, Page and Fremantle close at his heels. This order was maintained the whole way round the first five miles, which were accomplished in the exceedingly fast time of 30 minutes 14 seconds. At the half distance Barron made his effort and passed Smith, while Page passed Fremantle some distance behind the first three. The pace was considerably slower during the second five miles, and the positions were unaltered at the finish, Baker maintaining his lead throughout. Times, etc., below: —

		Start.	Nett Time.	Position in Handicap.
1.	W. L. Baker (Guy's)	Scratch ...	63 27 ...	4
2.	R. M. Barron (Guy's)	2 30 ...	64 9 ...	1
3.	M. A. Smith (Charing X)	1 30 ...	65 45 ...	5
4.	A. F. Page (St. Bart.'s)	4 0 ...	66 37 ...	2
5.	F. E. Fremantle (Guy's)	2 45 ...	67 23 ...	6
6.	H. W. Bruce (Guy's)	7 0 ...	69 58 ...	3

Also ran: J. F. Robinson (Guy's) and others.

From the Gazette's Special Pathologist.

Directions to be followed in sending *Diphtheritic Membrane* :—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

All specimens to be addressed to the Gazette Pathologist, Medical Office.

Diphtheria specimens are to be labelled *Immediate*.

Postal Orders to be made payable to Mr. C. H. Wells.

NOTICES.

S. W., Middlesboro'.—Microscopic examination of the centrifugalized deposit after the removal of urates by warming, shows the presence of numerous uric acid and calcium oxalate crystals, together with large numbers of pus cells and squamous epithelial cells. Neither tube casts nor renal epithelium could be detected.

W. B., Streatham Hill.—This fragment is entirely phosphatic. It is mainly composed of neutral calcium phosphate, with a very slight admixture of the magnesium ammonium phosphate (triple phosphate.)

W. B., Gloucester.—Tubercle bacilli are present in the sputum, but not in large numbers.

T. F. D., Tyldesley.—No tubercle bacilli could be found in the sputum.

L., Woolwich.—No tubercle bacilli could be found in the sputum.

PATHOLOGIST.

Diagnosis of Case on page 128.

The case is thought to be one of influenza, with pleurisy at the right base. No evidence of empyema can be obtained. It is also possible that there may be a small sub-diaphragmatic abscess.

Appointments.

CIVIL.

Ashby, William, L.S.A., has been appointed Medical Officer for the Ninth District of the St. Saviour's Union.

Fagge, R. H., M.R.C.S, L.R.C.P. Lond., has been appointed House-Surgeon to the Leicester Infirmary.

Lister, Thos. David, M.D., B.S. Lond., F.R.C.S., L.R.C.P., has been appointed Pathologist to the East London Hospital for Children.

Lucas, Claude R., M.R.C.S., L.R.C.P. Lond., has been appointed Medical Officer to Fairfield House Workhouse at Tooting, Graveney.

Newnham, W. H. C., M.A., M.B. Camb., M.R.C.S., has been appointed Physician Accoucheur to the Bristol General Hospital, *vice* A. E. A. Lawrence, M.D., C.M. Aberd., resigned.

Pare, J. W., M.D. C.M. Edin., L.D.S. Eng., has been appointed Dental Surgeon to the North-Eastern Hospital for Sick Children.

Prime, Charles J., has been appointed Medical Officer to the Royal Niger Co. Protectorate, West Africa.

NAVAL AND MILITARY.

Surgeon E. D. Minter, R.N., is promoted to be Staff-Surgeon. Staff-Surgeon Minter was wrecked in H.M.S. *Victoria*, which was sunk off Tripoli, in June, 1893, in collision with H.M.S. *Camperdown*, when the Admiral, Sir George Tryon, 21 officers, and 350 men were drowned.

Surgeon John C. G. Reed has been appointed to H.M.S. *Martin*, training brig.

Wilks, H. L. E., has been appointed Surgeon-Lieutenant in the First Wiltshire Rifle Volunteers.

Marriages.

MEYRICK-JONES—BLYTH.—On February 24th, at St. Mary's, Chelmsford, H. M. Meyrick-Jones, M.B., B.S., of Guilsborough, Northampton, son of the Rev. G. Meyrick-Jones, of Clapton Court, Crewherne, to Georgiana, eldest daughter of the late Robert Blyth, Solicitor, of Mount Pleasant, Chelmsford.

SMITH—SEELLY.—On February 27th, at Canterbury, Maurice Hamblin Smith, M.R.C.S., L.R.C.P., of Silverdale, North Staffordshire, to Frances Kate Seelly, of Canterbury.

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Ed.—F. E. F.

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Calendar of Coming Events.

Mar.

Sat. 27.—Mr. Lucas's take-in; Ds. A. H. B. Kirkman and A. D. Lewis; Cl. R. P. Rowlands.

Sun. 28.—11 a.m., preacher, Rev. James Mahomed, Chaplain of London Hospital; 7 p.m., Rev. E. Travers Clark, Vicar of S. Thomas, Southwark.

Mon. 29—Last day for applying to Registrar for Form of Entry for Final M.B. London.

Tues. 30.—8 p.m., preacher, Rev. Canon S. M. Taylor, Precentor of S. Saviour's, Southwark.

Wed. 31.—Mr. Golding-Bird's take-in; Ds. J. A. Glover and K. B. Alexander.

April

Sun. 4.—7 p.m., preacher, Rev. W. Harrison, Chaplain of S. Olave's Infirmary.

Mon. 5.—Durham First M.B. Exam. begins.

Tues. 6.—Cambridge Third M.B. Schedules to be brought to Medical Office for signature.
First part Cambridge D.P.H. Exam. begins.
8 p.m., preacher, Rev. Canon S. M. Taylor, Precentor of S. Saviour's, Southwark.

Wed. 7.—Third Conjoint Exam. begins.
Mr. Howse's take-in; Ds. J. H. Jones and E. C. Davies.

Fri. 9.—Schedules for L.D.S. Eng. to be left at the Medical Office not later than this date.

Guy's Hospital Gazette.

MARCH 27, 1897.

The Jubilee Fund for Hospitals.

THE atmosphere is charged with preparations and celebrations for the Great Jubilee, and first and foremost among permanent memorials of that historic event is the Prince of Wales's Fund for London Hospitals. Far be it from us to look a gift horse in the mouth, but the enquiry as to how this fund will affect Guy's and our own special appeal is so interminably reiterated that some pronouncement can scarcely be avoided. That the sixtieth year of Her Most Gracious Majesty's reign should be marked with the white stone of succour for suffering humanity is at once worthy of the occasion, of the object, and of the age in which we live. Of that there can be neither cavil nor doubt. Criticism must be restricted to the details and methods of the scheme. Upon this lower ground, we should have preferred that the Prince's appeal had proceeded upon the lines of endowment rather than that of annual subscriptions, and this preference is justified by events. In such a year enthusiastic desire is abnormally developed. Anything attempted under favourable auspices is assured of success. To have raised one or more millions sterling for investment as a permanent fund, the interest on which would be devoted to making good deficiencies on hospital expenditure, would, if properly worked, have been an easy task; but the enthusiasm of this year of grace and rejoicing will be evanescent. What is a light matter to-day will be impossible to-morrow, and for that reason we profoundly regret that the present effort, instead of being concentrated upon the fervour of the moment, took the form of a prolonged attempt to collect subscriptions in years to come, when the motive which gave it birth has ceased to be an active force.

This expression of opinion is justified by the fact that so far as can be ascertained the majority of those who have responded to the appeal have given donations rather than

promised subscriptions. As a case in point, we may instance the *Daily Telegraph* collection. It is absurd to suppose that our energetic contemporary will repeat its enterprise yearly, and there are some reasons to suppose that the proceeds of its collection will be handed over with a condition for investment. Such people as these properly appreciate the temper of the hour. But as to those who have promised, or intend to promise annual subscriptions, we would emphasise that portion of the Prince's letter which says, "our attention will be concentrated upon an endeavour to secure from one hundred thousand pounds to a hundred and fifty thousand pounds in annual subscription from those who have not hitherto regularly contributed, and to this end we propose to approach . . . above all the householders in town and suburbs *whose names are not found in the hospital lists*." Most laudable purpose, to induce those to give who have not given before, but, whether purposely or unwittingly, a purpose but ill accomplished, for of the names published most are already to be "found in the hospital lists," in that of Guy's among the number.

If this is to be the general result, it is but a robbing of Peter to pay Paul, and if the present appeal is to be perpetuated, then another expensive agency for collecting alms is added to the already too extensive number. This might be well enough if the Council of the Prince's Fund were a responsible body—responsible, that is, for meeting the financial requirements of metropolitan hospitals. But, as a matter of fact, that Council is absolutely irresponsible; yet it holds the field, and in the meantime the various hospital authorities, who have a real burden to carry, do not know where they are or what to expect. So far as appeals are concerned that is the position of Guy's; matters are at a standstill. We are convinced that a specific appeal for Guy's Hospital is worth far more than a share in the Jubilee Fund, especially if that fund is to be distributed upon the lines of the Hospital Sunday Fund. The basis upon which the Distribution Committee at present makes its division is so manifestly unfair to South London that it is impossible to be optimistic, but, as we stated at the outset, our criticism is confined to details, and on the general ground of placing the cause of the sick and suffering in the forefront of the Diamond Jubilee, we wish nothing but good to an effort which, in conception at least, is a redeeming feature to the glaring anomaly of wealth and want which marks the closing years of the Nineteenth Century.

Hospital News.

CLASSIFIED LIST OF CASES.

In the Medical Wards.

Circulatory System.

Mary	7, 16.	Mitral regurgitation.
	9.	Mitral stenosis and regurgitation.
	10.	Chlorosis.
	11.	Ulcerative endocarditis. Pulmonary regurgitation.
	19.	Hypertrophied heart. Mitral regurgitation. Granular kidney.
	26.	Mitral stenosis and regurgitation.
	32.	Aortic stenosis and regurgitation.
	43.	Anæmia.
	45.	Aortic and mitral regurgitation.
Philip	17.	Mitral stenosis. Pulmonary regurgitation
	19.	Mitral stenosis and regurgitation.
	22.	Aortic stenosis and regurgitation. Mitral regurgitation.
	25.	Aortic stenosis and regurgitation. Mitral stenosis.
	40.	Aortic stenosis and regurgitation.
Stephen	2.	Mitral regurgitation.
	22, 25.	Mitral and aortic regurgitation.

Nervous System.

Mary	2.	Cerebral tumour.
	3.	Alcoholic neuritis.
	13.	Sciatica.
	17.	Hysteria.
	46.	Disseminated sclerosis.
Philip	9.	Spastic paraplegia.
	21.	Ataxic paraplegia.
	26.	Chorea.
Stephen	9.	Chorea.
	12.	Double abductor paralysis.
	16.	Chronic myelitis.
	23.	Locomotor ataxy. Bronchitis.
	24.	Diphtheritic paralysis.
	28.	Jacksonian epilepsy.
	31.	Locomotor ataxy. Ulcerative colitis.

Alimentary System and Abdomen.

Mary	4.	Malignant peritonitis.
	5.	Tuberculous peritonitis.
	6.	Gastritis.
	8.	Syphilitic cirrhosis of liver.
	15, 19, 22, 29, 39.	Gastric ulcer.
	27.	Tuberculous peritonitis.
	37.	Jaundice. Enlarged liver. Cirrhosis.
	42.	Jaundice. Malignant disease.
	48.	Abdominal cyst.
Philip	1.	Diarrhœa. Influenza.
	8, 36.	Appendicitis.
	10.	Ulcerative colitis.

Philip 24. Epithelioma of œsophagus.
34. Tuberculous peritonitis.
Stephen 14, 19, 36. Typhoid fever.
27. Cirrhosis of liver.

Genito-Urinary System.

Mary 25. Diabetes.
Philip 7. Chronic tubal nephritis.
29. Chronic tubal nephritis. Diabetes.
30. Acute orchitis.
32. Chronic nephritis.
Stephen 6. Diabetes.
11. Chronic nephritis.
13. Chronic nephritis. Gout.
18. Acute nephritis.
32. Chronic tubal nephritis.
38. Hæmoglobinuria.

Respiratory System.

Mary 12. Phthisis.
21. Pleurisy.
Philip 2. Phthisis. Tuberculous left knee and testicle.
6. Pyo-pneumothorax.
12. Chronic bronchitis. Tremors.
23. Bronchorrhœa.
28. Pleurisy.
33. Phthisis.
37. Pleurisy with effusion.
39. Bronchitis and pleurisy.
Stephen 3, 40. Empyema.
35, 39. Phthisis.

Miscellaneous.

Mary 41. Acute rheumatism.
Philip 5, 18. Acute rheumatism.
11. Lupus vulgaris.
17. Plumbism.
30. Ostis arthritis.

In the Surgical Wards.

Cases under Mr. Howse.

Charity 1. Tuberculous mastitis.
19. Adenoma mammæ.

Cases under Mr. Davies-Colley.

Cornelius 18. Fractured femur, right and left. Compound fracture of ulna. Scalp wound.
Lydia 1. Fractured tibia and fibula.
2. Ventral hernia at side of old fæcal fistula.
5. Compound fracture of fibula.
6. Concussion. Bleeding from ear.
17. Scirrhus mammæ.
22. Fractured os calcis.
Cot. Post-pharyngeal abscess.
Cot. Strumous dactylitis.
Luke 4. Spinal caries. Gluteal abscess.
11. Stricture of urethra.
12. Varicocele.
13. Fistula in ano.
15. Sarcoma testis.
18. Epithelioma linguæ.
19. Mastoid abscess.

Cases under Mr. Lucas.

Accident 3. Fractured tibia and fibula.
7. Bullet wound of chest, not penetrating.
9. Scalp wound. Concussion.
Lydia 12. Adenoma mammæ.
14. Biliary Colic. Jaundice.
16. Recurrent carcinoma mammæ.
Job 2. Necrosis of fibula.
8. Neuroma in amputation stump.
17, 18. Stricture of urethra.
Charity 5. Talipes equino-varus.
21. Thyroid tumour.
Cot. Talipes equino-varus.

Cases under Mr. Golding-Bird.

Lazarus 4. Rodent ulcer of inner canthus.
7. Congenital inguinal hernia.
9. Tuberculous tarsus.
Martha 5. Fistula in ano.
16. Tuberculous glands in neck.
18. Varicose veins.
22. Carcinoma mammæ.
Cot. Spina bifida.

Cases under Mr. Jacobson.

Naaman 20. Epithelioma of palate.
Dorcas 1. Bronchocele.
Cot. Talipes equinus.

Cases under Mr. Symonds.

Job 10. Abscess in region of hip.
11. Lupus of nose, septum, turbinals, etc.
Luke 16. Epithelioma of larynx.

Cases under Mr. Lane.

Job 12. Chronic obstruction; growth in rectum.
Dorcas Cot. Hare lip and cleft palate.

"Clinical."

John 2. Pneumococcal empyema, man æt. 72.
3. Pernicious anæmia.
4. Enterica. Relapse. Trophic ulcers.
5. Biliary Fistula. Stone impacted in common bile duct.
9. Mitral stenosis. Aortic regurgitation. Pleurisy.
10. Hodgkin's disease.
11. ? Appendicitis.
12. Pneumothorax.

JOHN	14.	Ulcerative colitis.
	15.	Erythema. Pyrexia.
	16.	Pneumonia.
MIRIAM	17.	Pericarditis. Pleurisy.
	21.	Gall stones. Cholecystotomy.
	27.	Moveable kidney.
	28.	Pericarditis. Mitral stenosis and regurgitation.
	29.	Appendicitis. Abscess.
	30.	Acute rheumatism. Diphtheria. Tracheotomy.
	34.	Intussusception. Laparotomy (1 year old child). Recovery.
	35.	Intussusception; inflation.

Case of Perforated Gastric Ulcer.

OPERATION; DEATH TWELVE DAYS AFTER.

I WAS called at twelve midnight on Christmas Eve, 1896, to see a woman, aged 27, who presented the following history. She had suffered from pains in the stomach, occurring soon after food, for some years. In July, 1895, *i.e.*, eighteen months before, she had vomited blood; for the past five or six months she had lived on simple milk diet with some liberties. For the past few weeks she had felt a pain when taking a deep breath, and had consulted two doctors who told her that she was suffering from pleurisy; several doctors to whom she had been told her that she had a gastric ulcer. At 5 p.m. on the evening on which I saw her she was standing chopping some materials for her Christmas dinner—having just partaken of a little tea and bread and butter, and feeling rather better than usual—when she suddenly felt an acute and very violent pain in the belly; this caused her instantly to cease her occupation, and her friend was obliged to help her to the sofa where she lay for some time in acute agony, feeling faint and helpless. Later she was carried upstairs and put to bed, when she shortly vomited a small quantity of food. I saw her seven hours after the onset of the acute pain, she was then lying in bed flat on her back with the legs drawn up, her face presented an anxious expression and extreme pallor, the breathing was shallow, and pulse 112 per minute. On examination of the abdomen it was found to be extremely rigid, painful on the slightest palpation, immovable and not distended. The respiration was entirely thoracic.

An operation was performed at half-past two in the morning. An incision about five inches long was made in the median line from a little below the ensiform downwards. On opening the peritoneum gas bubbled out and also grumous material mixed with watery fluid; on separating the wound slightly, the grumous food was readily seen to come from the upper part of the wound, and a perforation of the anterior wall of the stomach near the middle of its great curvature was without difficulty found. The perforation was of the size of a threepenny-piece, there were recent numerous adhesions of lymph, which were quite readily broken down, around it, the edges of the ulcer were much thickened, and on this account I thought it advisable to excise the lips of the ulcer so as to enable better apposition to be obtained. As food was tending to escape still further from the stomach some was pressed through the opening; the edges were then seized with catch forceps and pared with scissors, the assistant holding the stomach out of the wound above and below the opening so as to place its edges in apposition. A double row of continuous Lambert's sutures was applied to close it, and finally a piece of omentum was drawn up and stitched over it.

The abdomen was then thoroughly washed out with large quantities of boiled water, and finally sponged as dry as possible, and the abdominal wound closed by deep silkworm gut sutures and superficial horsehair; no drainage tube was used at this time.

Rectal feeding by means of peptonised milk, peptonised milk and egg, Danaeyer's peptone, etc., was commenced at once and given every three hours. Nothing whatever was given by the mouth until 29th December, *i.e.*, for four days, when some barley-water and peptonised milk was given and continued. During the four days of rectal feeding, thirst was a pronounced symptom and was relieved somewhat by rectal injections of warm water. During this time no difficulty was experienced with the rectal feeding, care was taken to thoroughly wash out the rectum once and sometimes twice a day. The patient vomited a few times during these four days, but on the whole progressed favourably. On dressing the wound on the 28th redness existed at the upper part, and on introducing a probe into it for a short distance some serum welled up; the wound was here consequently opened up a little and a small drainage tube inserted. On the 29th, a hernia had formed at the site of the wound, and a portion of stomach protruded. From the 30th December to the date of her death on 5th January—twelve days after the perforation occurred—she suffered from nausea with a good deal of retching and some sickness, but retained about a pint or pint and a half of fluid food daily. Rectal feeding was continued throughout; latterly, the rectum, however, became somewhat irritable and returned some of the feeding; some often being omitted. During the twelve days the temperature varied from subnormal to 101° F. At the autopsy, which was confined to an examination of the abdomen, there was some peritonitis around site of the wound and towards the region of the diaphragm, but there was no collection of pus and no general peritonitis. The wound in the stomach was found only with difficulty and was almost entirely healed.

Remarks.—The diagnosis of this case presented no difficulty; the patient had vomited blood formerly, she had pain after food and occasional sickness, and she had moreover been told that a gastric ulcer existed. The pain she had felt on breathing, and which had been attributed to pleurisy, was no doubt due to local peritonitis and should have been a danger signal to the

medical attendant. Given that she had a gastric ulcer, the signs of its perforation were classical. The points unfavourable to an operation in this case were, firstly, the length of time that elapsed, viz., nine and a half hours, between the time of perforation and the performance of the operation. Had I seen the case sooner I should certainly have advised an operation at once, as it may be taken as an established fact that where operation is decided upon for a perforated gastric ulcer the sooner it is performed after perforation the more likely is a favourable result to ensue. The fact that she had recently had a meal was no doubt the determining cause of the perforation into the peritoneal cavity, and it certainly had an unfavourable bearing in the case, as extravasation of a considerable amount of food had taken place into the peritoneal cavity. The size of the perforation also allowed of considerable extravasation. The local peritonitis that existed prior to perforation had caused so much thickening of the edges of the ulcer and in the stomach wall adjacent to it, that I felt excision of the ulcer was necessary to enable me to close the opening satisfactorily. In a future case I should leave at the time of the operation a tube in the wound so as to drain the region of the ulcer for at least twenty-four hours. The cause of death was, I think, due partly to the local peritonitis, and chiefly to her inability to take sufficient food, due to the impaired powers of digestion and absorption of the stomach itself, and this in its turn dependent partly on the hernial protrusion of a portion of its anterior wall at the upper part of the wound and partly to the long-continued presence of the ulcer, *per se*, influencing the functions of the gastric mucous membrane.

WILLIAM E. TRESIDDER,
M.B., B.S. Lond., etc., Hon. Surgeon,
Notts Hospital for Women.
20th Feb., 1897. 51, Sherwood Road, Nottingham.

A rare Case of Intussusception.

The patient, an infant five months old, was admitted into Miriam under Dr. Goodhart, on February 20th, with a history as follows:—

On Tuesday, February 16th, the child passed a normal motion, but at night was sick after taking some milk. On Wednesday, the 17th, the sickness continued, and as the bowels were not moved, a teaspoonful of castor oil was given. Some blood and mucus were then passed per rectum, but no fæces. Nothing more was passed per rectum till Friday, when some more blood with mucus was passed. On Saturday, February 20th, the child vomited some yellowish-brown matter which was thus described by the mother: "It looked like a liquid motion that had come up the wrong way and was nasty smelling." The child had several attacks of pain during three days before admission. She was fed on milk but retained very little. The mother noticed that the abdomen was swollen but neither saw nor felt any lump.

On admission.—The infant was pale and collapsed with a pinched drawn face and sunken eyes. It was also very dull and apathetic, and took no interest in things around it. The pulse was scarcely perceptible at the wrist and the number of beats was 170. Temperature 100°. The abdomen was distended, and did not move very well on respiration. No tumour could be made out on palpation. The percussion note over the whole abdomen was tympanitic. Per rectum, a soft mass was felt, just within reach of the examining finger. It felt like the cervix uteri, and the finger could be moved round it. It was thought to be an intussusception. Dr. Perry, who was called in to see the child, thought it was more probably a fold of mucous membrane.

It was decided to give chloroform and try inflation. This was therefore done, but a few moments after commencing the patient stopped breathing and vomited some stercoraceous fluid. Artificial means speedily restored respiration. While the child was under the anæsthetic no tumour could be felt. The child became rapidly worse and died early next morning.

Post-mortem examination.—An intussusception was found lying on the vertebral column, and it was noticed that the cæcum was absent from the right iliac fossa. An examination of the intussusception revealed the following points:—The tumour was about four inches long and one inch thick, and the mesentery was involved. On dissection it was found that Meckel's diverticulum had become invaginated and passed through the ileo-cæcal valve, taking the ileum with it (ileo-colic variety). The diverticulum, which was about the size of the first two phalanges of the little finger therefore formed the apex of the intussusception, while the cæcum and ascending colon formed the receiving layer. It was not completely reducible. The mucous membrane was very congested, indicating that considerable interference with the local blood-supply had taken place. The other organs were healthy.

V. E. C.

A Case of Labour prevented by a Fibroid Tumour in the Pelvis.

M. M., æt. 32, was admitted for "ineffectual labour pains." She gave a very ordinary menstrual and general history. Slight dysmenorrhœa and a little yellowish discharge between the periods. She had been married five years and had had no children before, but was now ten months pregnant, the pregnancy having otherwise run an ordinary course, the usual symptoms and breast changes being present. The child's movements had apparently been unusually vigorous, but had ceased three days before admission.

On examination, a large hard mass was felt in Douglas's pouch; the cervix was pushed high up behind the symphysis, and was soft, but not patent. The girth was 35 inches, and the position and appearance of the umbilicus, normal. The abdominal swelling had a rather pear-shaped look, and was not symmetrically placed.

The thick end of the pear was above and a little to the right, the thin end slightly to the left just above the pubes. The intestines bulged markedly in the right hypochondrium and the left flank. The lower end of the pear-shaped swelling was distinct and prominent, and felt as if it could be moved from side to side independently of the main mass, which was firm and hard, and was never felt to soften at any time. The loud uterine souffle could be best heard five inches to the left and below the umbilicus, but it was audible over most of the left and lower parts of the abdomen. No fœtal heart was heard. There were no labour pains. The general condition was good, and the pulse 84.

The case seemed to be one of extrauterine fœtation, these points confirming one in that opinion:—

(i.) The pregnancy was the first in five years.

(ii.) A large mass was felt in Douglas's pouch, and the cervix was pushed high up in front.

(iii.) The absolute and apparently unrelaxed hardness of the abdominal tumour, which could not be a uterus in a state of tonic contraction, or the pulse must necessarily have been above 84 and the patient exhausted.

(iv.) Ten months pregnancy, followed by doubtful labour pains, and fœtal death.

The indication therefore was, to wait till the placental circulation had nearly ceased, and then perform abdominal section and extract the dead fœtus. But in two or three days a dirty brown discharge began, which was found to give the bile reactions. No liquor amnii escaped.

This decided Dr. Horrocks that it must be an intrauterine fœtation, that the child was dead, and that the lump in Douglas's pouch was a tumour preventing labour.

The patient was accordingly anæsthetized, and an incision made from half an inch above the umbilicus to four inches below it. The thin abdominal walls hardly bled at all; the peritoneum was opened and the tonically contracted uterus seen at once, and the apparently moveable lower lump described above, was found to be the fœtal head inside the uterus. Two sterile pads were put in to keep meconium, &c., from running into the peritoneum. The uterus was then opened, and the edges of the cut grasped and pulled apart. Black meconium welled out and the child's head presented. As it was dead, the head was perforated and the brain evacuated, so that the uterine wound need not be further enlarged, and the child was then extracted. The uterine and ovarian arteries were compressed, and the placenta was separated off the back and fundus of the uterus. The uterus being slow to contract it was washed out with hot water and Hyd. Perchlor., which stimulated it and made it contract fairly firmly. The uterine wound was sewn up with about fifteen permanent sutures. The tumour in the pelvis was found to be about the size of one's fist and wrist, filling the cavity of the sacrum, with the thick end downwards, and slightly adherent in one or two places. It was detached, and the pedicle, high up on the back of the uterus, was pierced and ligatured with a Staffordshire knot, and also by a circular ligature.

A bright red discharge through the cervix came on next day, and in ten days this was brown, and it had nearly ceased in ten more days. The cervix was in its normal position after the operation. The wound healed well, and the patient had no bad symptom throughout.

The chief points of interest in the case are:—

(i.) The co-existence of tonic contraction of the uterus, of days' duration with a pulse of 84 and no exhaustion.

(ii.) The performance of craniotomy during Cæsarian section.

H. P. FERRABY.

Neuralgia and Neuralgic Pains.

A paper read before the Dental Society by Ernest B. Dowsett.

Mr. Chairman and Gentlemen,—The frequency with which patients present themselves to the dentist with vague pains about the face and head, that cannot be localized to any immediate dental cause, has prompted me to make a few remarks upon the subject of neuralgia, laying special stress upon the dental side of the question, although I only propose to touch slightly upon the subject of local and referred odontalgia.

The dental practitioner might say that there is little good done in speaking about neuralgia, the treatment being generally medicinal, and that at most comparatively simple, whether the patient gets relief from it or not, but it seems to me to be a most unsatisfactory proceeding to treat a malady, however simple its character, without having a knowledge of its pathology, and the more severe symptoms that it may assume, to say nothing of the more radical treatment that may be brought into force. By this, I mean, that though the majority of neuralgic cases that come before the dentist are comparatively simple, there is no reason why he should not have an accurate knowledge of the extreme possibilities of that malady. And not only this, but neuralgia, I think, is the one affection that comes within the province of the dentist to discuss and to treat more often than any other branch of medicine or general surgery. And, therefore, if I may beg your indulgence for a short time, I will endeavour to put before you a few facts, *and* otherwise, laying perhaps special stress upon the much vexed question of the pathology of neuralgia, hoping at the same time, that if the paper is calculated not to further your knowledge in any way, I may at least awaken an interest for deeper study of the subject.

Firstly, a word or two on the extent of the meaning of the term neuralgia. The original meaning, no doubt, signified only those forms in which no local lesion, either at or distant from the seat of pain, could be discovered; but the word has now come to be used for all pains following the course of, or the distribution of a nerve, whether there is a primary lesion or not. Hence the heading of this paper—"Neuralgia and Neuralgic Pains"

—of which I shall speak to-night, calling them both by the popular and inclusive term of neuralgia.

The most likely subject for all forms of neuralgia, but especially that of the constitutional type, presently to be described, is undoubtedly one of a neurotic tendency, or so-called neuropathic disposition. This may be put down as a strong predisposing condition, and hence the greater frequency with which we see neuralgia in women rather than men, whose nerve power is acknowledged to be of a more enduring kind than that of the female sex. The most typical neurotic is excitable, irritable, anxious, worrying over the trifling ills of life, sleeping badly, and in fact presenting every indication of the highly overstrung condition of his or her nervous system. Some even go so far as to say, and perhaps very rightly too, that all neuralgias belong either to persons of this disposition, or to those descended from neurotic families: that those cases in which one of the localised peripheral lesions—to be spoken of shortly—is the immediate cause, also require for their explanation the assumption of a pecularity in the individuals as the most important factor in the production of neuralgia. For of hundreds of persons to whom exactly similar lesions occur, not more than two or three perhaps experience any neuralgia; and these two or three will almost invariably be found to belong to neurotic families, if not themselves of definite neuropathic disposition. With this may be taken, of course, all forms of nervous debility, into the causes of which I need not enter here. Seeing, then, what a direct influence the nervous system in general has upon neuralgia, we may even go a step further and say that the higher one rises in the social grade, the greater tendency is there to this malady, for there can be nothing more sure in physiology than the fact that as we ascend the hill of creation, and therefore of civilization and social standing, so the nervous system becomes more highly strung; but if, on the one hand, it becomes more influential in the doings of the individual, it must also, on the other hand, be more sensitive to pain and to disturbing sensations of all sorts. Amongst other predisposing conditions may be put down rheumatic and gouty diatheses.

Of the exciting causes, these are constitutional or indirect and local or direct, the latter leading to peripheral irritation. This is a convenient mode of distinction, and sounds, and is to all intents and purposes correct, but it may be misleading, for as we shall see presently the constitutional causes may pathologically even be taken as direct. I use the word may, because the pathology of this subject has by no means been worked out yet to anything like accuracy. Of the constitutional agents, we may safely say that anything that tends to upset the balance of nutrition of the body, or in other words anything likening to depressed vitality, is prone to lead to attacks of neuralgia. Anæmia may be placed foremost here. Of the different forms of anæmia, it is probably the so-called idiopathic forms, such as pernicious anæmia, chlorosis and leucocythemia, that are more likely to give rise to neuralgia, than those due to hæmorrhage or secondary to any organic disease: for the former can be taken as diseases of the blood itself, and hence greater change in its composition is brought about, which is probably an essential factor in the production of the pain. How frequently do we see pale women the subjects of neuralgia, and sometimes in its worst form. The pathology in these cases is certainly a disturbance brought about by some change in the blood, but how this disturbance gives rise to pain in the course of the nerve is uncertain. It is recognised that all sensory nerve-endings are continually bathed in lymph thrown out from the surrounding blood-vessels; so that, might it not be ascribed to the change in the composition of the lymph, which thus acts on the nerve-endings, unaccustomed to such changes, and so gives rise to reflected pains along the nerve or in the area of its distribution? But one might argue against this that occasionally pain is merely felt in the trunk of the nerve; then might not this even be due to the irritation of the nerve-endings of the "nervi nervorum"? But, on the other hand, it might be due to changes set up in the nutritive centres of the nerves, that is, in the cells of the ganglion of the posterior root, or in the spinal cord itself, when the nerve affected comes from these parts, or in the cells of the nucleus of the fifth nerve, when facial neuralgia is the trouble. But if this is the case, it too could be brought about by changes in the blood affecting the cells themselves. These might then be called direct causes, though arising constitutionally.

In favour rather of the former view is the fact that by administering internally certain articles of food which are known to contain certain blood poisons, a peripheral itching can be produced, and this I take to be merely a degree of intensity, as far as change in the nerves is concerned, and it must be admitted that itching is due to a change in the nerve-endings rather than their trophic centres. Other marked examples of this itching are seen in patients who have been submitted to the antitoxine injection treatment for diphtheria and the like, and also in jaundiced patients, in both of which there is a change in the blood.

Then, again, might not some of the very chronic forms that are sometimes met with be ascribed to some cerebral change—that is, some functional or even organic change taking place in the cells presiding over the sensation of the part affected? A point in favour of this, I think, might be the fact that there is certainly a taint of insanity sometimes found in the family history of such cases, which points to the members of that family being prone to cerebral lesions. This leads us to other constitutional causes, which may merely be mentioned here: namely, various toxic conditions, which give rise to neuralgia. Good examples of these are malaria and alcoholism. Taking for granted the pathology here is right, of course it is impossible to say why the blood should select one spot rather than another for its irritating ravages.

It has been suggested, though principally of the idiopathic neuralgias, in which no toxic condition could be

found, that the disturbance might be due to hyperæmia of the centres in the cerebro-spinal axis, brought about by a discharge from the vaso-motor centre. This certainly seems feasible, considering the frequency with which the malady occurs in the neurotic class; for since their higher centres are capable of sending forth irregular discharges of excitability, irritability and the rest, why should they not also be capable of sending forth irregular discharges from the vaso-motor system, and thus set up the hyperæmia conductive of the neuralgia? Then, again, it might be due to irregular discharges from the sensory centres, without the intervention of the vaso-motor system, since sudden attacks are often brought on by mental emotions in this class of persons.

There is another form of constitutional neuralgia that may be spoken of here, and that is the neuralgia of pregnancy, and here it is more often associated with the dental side of the question. There is an old-fashioned phrase, common amongst a large section of the female community—"for every child a tooth." The accuracy of the statement can be fairly doubted; but it is a very certain thing that foremost amongst the disorders of pregnancy are pains about the face, and sometimes localised in the teeth. When pain arises in either of these situations during pregnancy, without the presence of caries, or other dental lesion, as it often does, we may reasonably ascribe it to a neuralgic origin. But the pain is often localised in a single tooth. Some caution is therefore necessary when such a symptom presents itself, especially if there be a decayed tooth, for the caries need not necessarily be the exciting cause. The patient may fly for relief to the usual remedy—extraction. This, however, does not afford the customary benefit. The pain may be removed for a short time, but it soon attacks another tooth, and thus renders extraction useless. This, then, is clearly due either to perverted nutrition, from which, too, the teeth in some cases suffer, or reflexly from uterine irritation. More will be said of this reflex neuralgia later. The pathology of the impaired nutrition during pregnancy is the deficiency of red corpuscles and the increase of white corpuscles and fibrinogen in the blood; hence, again we may say it is due to a change in the blood. This also affects another interesting dental point, namely, the occasional loosening and falling out of a tooth during pregnancy, no doubt from the degeneration of the tissues attaching the tooth to its socket. This seems a little remarkable, but it probably has its analogies in the transverse markings of the nails and the falling out of the hair after severe and exhausting diseases, the affected nutrition having, seemingly, special influence upon the dermal appendages. But this by the way. And this brings us to a most interesting point, namely, that we often find neuralgia associated with a wasting rather than a carious condition of the teeth: and from what has been said above this is not so singular as would certainly appear at first sight. And this is indeed the case, even apart from pregnancy. It is not at all an uncommon thing to find a patient, the subject of neuralgia, with whatever teeth he has left, in quite good condition, and on questioning him upon the condition of the missing ones, previous to removal, he tells you that they were not carious, but were removed on account of pain referred to them from some unrecognisable lesion on their part, probably purely neuralgic in origin.

There is yet another class of constitutional neuralgia. One often hears of and sees a certain class of people, the victims of dyspepsia, who are also prone to attacks of neuralgia, which vary directly with the attacks of the former. This is purely referred pain and is brought about by the intimate connections between the trigeminus and vagus nerves.

From the above it is plainly seen how intimately does neuralgia depend upon, and how directly it is influenced by the general condition of the body and nervous system; and it may be almost looked upon as a "weather-glass of fatigue, worry, and ill-health."

And now to take the local or direct causes, due to direct irritation of the nerve, either in its course or at its termination. Undoubtedly of all these, cold is the most frequent. We are all familiar with patients who present themselves suffering with neuralgia and say, "I think I must have caught cold." They are most probably quite right, and the pain is in most cases due to the actual contact of the cold air with the course of the nerve, which either sets up some local periostitis at the bony foramina, or in the bony grooves, through which the nerve passes, and thus causes pressure upon the nerve or actually causes some temporary inflammation of the nerve or its sheath. Probably both of these take a share in the production of the pain.

But the causes that will interest us most are, of course, those that may be signified as dental lesions, namely exostosis, caries, lesions of the pulp, impacted lower wisdom, and the like, and Wedl speaks of cases due to a crowded dental arch, while others even give as a cause absence of teeth. This latter, unless it is due to the implication of the nerves in the cicatrization of the jaw after extraction, is rather doubtful. But the following pathology has been ascribed to it. The absence of teeth causes the jaw to come together, the temporo-maxillary articulation occupies an abnormal position. Changes are set up in the joint in consequence. The articulating branch of the auriculo-temporal nerve and the mesenteric branch of the inferior maxillary are irritated, and trigeminal neuralgia is the result. Impacted lower wisdom, when giving rise to neuralgia, does so in rather a different way to the other lesions. The neuralgia caused is, as a rule, trigeminal, either in one or more of its branches. I say as a rule, for there was a case described before this Society some little time ago of cervico-brachial neuralgia, due to a lower wisdom. The neuralgia from this cause must, I take it, be due to pressure upon the inferior maxillary nerve in its course, thus differing from caries and lesions of the pulp, which irritate the terminations of the nerve. It indeed seems remarkable that irritation at one point of a nerve should

give rise to pain in other parts of the nerve or in its other branches, but it certainly seems more feasible, when we recollect certain well-known physiological experiments upon muscle-nerve preparations. Such as, for instance, the paradoxical contraction, and Kühne's gracilis experiment, though intended to show two different phenomena, the same inferences may be drawn from both, namely, that because stimulation of one branch of a nerve gives rise to a contraction of a muscle supplied by another branch of the same nerve, therefore impulses can be referred from one branch to another, and that the nerves are capable of conducting impulses or impressions in both directions. Therefore, since these phenomena are present in motor nerves, why should they not hold good for the sensory?

And now to take caries, lesions of the pulp, exostosis, etc. These, when they give rise to neuralgia, do so by setting up irritation at the nerve-ending, and thence causing reflected pains along that branch or along other branches, as I have just described. We all know that caries gives rise to pain by irritation of structures in the dentine by the advancing elements of the caries, but how connection is made with the actual nerves in the pulp is still a disputed point. One may mention the theories here. Firstly, it is thought that the dentinal fibrils are continuous with the odontoblasts of the membrana eboris, which are themselves continuous with the nerves of the pulp; secondly, that the odontoblasts are connected on the one side with dentinal fibrils, and on the other with the recticulate cells, which lie beneath the membrana eboris, and that these are continuous with the nerves; thirdly, that the dentinal fibrils are directly continuous with the recticulate cells, which are also continuous, on the other hand, with the nerves of the pulp; and lastly, that the nerve fibres, losing their sheath, actually enter the dentine. It is needless to enter here into the conditions which have led to these various conclusions; let it suffice to merely review them. Whichever is correct, it is easy to see that the pain or sensory impulse is brought to bear sooner or later upon the nerve itself, and that if this is not referred by its centre in the brain to the actual site of the lesion, it either gives rise, if it intends to cause trouble at all, to referred odontalgia or to neuralgia. In the former, the sensory impulse is conducted up the nerve, to one of the junctions of another branch, and is then reflected in the opposite direction to one of the other terminations of the nerve, namely, another tooth of that side of the mouth, and that the impulse being, so to speak, transferred to that spot, the brain refers the pain thither. If this explanation is correct, in pain referred from one jaw to the other, it merely means that the impulse is conducted further back than before, that is, to the junction of the superior and inferior maxillary nerves, before it is reflected in the opposite direction, down again to the periphery. From this it can be understood why dyspepsia, irritating the nerve endings of the vagus, gives rise to neuralgia by the impulse being conducted up the vagus to one or more of its connections with the fifth nerve, and thence reflected along that nerve to the area of its distribution, and so giving rise to neuralgia. In the same way may be caused, reflex neuralgia from uterine irritation during pregnancy. Analogous, too, of this reflected pain are to be seen in the pain in the knee in hip-joint disease, from both joints being supplied by branches of the anterior crural nerve, and pain in the testicle from renal calculus, which may be explained on the same grounds. Another explanation, and even a more feasible one, might be that the sensory impulse is conducted right up to the nucleus in the pons or even to the brain, and that it is there, where the aggregations of the presiding cells are so intricate and intermixed, that the transference of the impulse takes place from the close contact of these centres, and hence pain is referred to that tooth or site whose nerve-centre in the brain is that one to which the impulse has been passed on. In either case it is plain that odontalgia or neuralgia cannot be referred across the middle line of the mouth. If *neuralgia* is caused by the carious tooth, the pain is brought about in exactly the same way, and it means that either the impulse, having been conducted up the nerve, has been widely distributed, being transferred to many other individual fibres of the nerve, and thence reflected backwards along many branches of the nerve trunk, or that as before it has reached the brain, and there become widely distributed, even say, over the whole of the centre of the fifth nerve, and so giving rise to complete trifacial neuralgia, or of course any other degree may be formed.

In favour of the view that it is in the brain that the change takes place, there are the striking phenomena known as Head's areas, good examples of which are the pain felt down the left arm in heart disease, and the tenderness in the epigastric division of the abdominal wall during lesions of the stomach. Now the nerve distribution of that part of the arm where pain is felt in heart disease has the same centre in the brain as certain parts of the nerve distribution of the heart, though presided over by different cells. This portion of the brain, in the normal state of affairs, is only accustomed to receive impressions from impulses set up in that part of the arm, it being accessible to touch, etc., but the heart being inaccessible, impulses are not normally sent from it to the brain. So that, when the heart is diseased, such as by ulcerative endocarditis and the like, it is liable to receive impulses even by the blood current passing through it, and then the brain receiving these at this centre we are speaking of, refers the pain not to the heart but to the place from which it is accustomed to receive impulses, namely, to the inner side of the arm. The same explanation holds good for the other example given above. And hence it seems that transference of impulses in the brain from one set of cells to another is by no means an impossible thing.

What has been said about caries is equally true about lesions of the pulp and exostosis, except that with latter the pain is brought about by pressure upon the nerve, generally at its entrance into the apical foramen, which

indeed the exostosis often actually occludes, separating the pulp from its nerve and blood-supply. The tooth being now dead, the periosteum remains active and the exostosis proceeds, and at the same time the pain may continue either in the form of odontalgia or neuralgia, by the exostosis still pressing upon the nerve by growing in the direction of the least resistance, namely, down the bony foramen of the nerve. A case tending to bear out this statement came under my notice—a woman suffering from neuralgia, principally of the inferior maxillary nerve, the second lower molar was removed from the affected side, and the neuralgia disappeared. On the apex of the tooth was found a bulbous exostosis, with a small spinous projection upon its extremity, which had evidently extended down the foramen of the nerve. There was no apical foramen of this tooth, which must, therefore, have been dead some considerable time, and yet the pain continued, by, I take it, the exostosis spreading in the direction of the nerve, and not on account of the inflammation of the periosteum, which must have subsided for organisation to have taken place to produce exostosis. Nor do I think that the pain, after death of the pulp, was due to irritation of the nerve-endings in the periosteum from the pressure of the exostosis, for by this time it must have cut off the nerve-supply of that part of the membrane, which however remained active, although the blood-supply from this source was also cut off, for it still retained some vascularity from the bone to which it was attached.

During all this time I have spoken almost exclusively of trifacial neuralgia, or what is commonly known as tic douloureux, but it must not be forgotten that the term neuralgia is also given to pain in many parts besides the face and head, and is then named according to the nerve or nerves involved; such, for instance, as cervical, cervico-occipital, brachial, cervico-brachial, intercostal, abdominal, and many others. When these pains are purely neuralgic—by that I mean not due to any definite lesion at the site of the pain—then the same constitutional causes, as given above, may also be attributed to them, and even dental lesions have occasionally been found as the causation of cervico-occipital, cervico-brachial, and even brachial neuralgia.

(To be continued).

Prizes.

The Beaney Prize in Pathology has been awarded to Mr. R. Howard; and Mr. R. P. Rowlands was placed Proxime Accessit.

The Michael Harris Prize in Anatomy has been awarded to Mr. P. W. L. Camps, and certificates to Messrs. J. A. Butler and W. H. Edwards.

The Arthur Durham Prize for Dissection for Senior Students has been awarded to Mr. F. Curtis, and a certificate to Mr. H. K. Lacey.

The Arthur Durham Prize for Dissection for First Year's Students has been awarded to Mr. G. T. Willan, and certificates to Messrs. L. E. Stamm and C. Tessier.

The Victoria Club

For Trained Nurses and Associated Workers.

Some time since we paid a pleasant little visit to the Hospital building in Southampton Street, Strand, in response to an invitation, issued to some 200 organs of the press, to inspect the buildings of the new Victoria Club. This occupies the upper three floors of the building of which the ground floor acts as the offices of the Hospital and Scientific Press, and the first floor that of the Hospitals' Association to which we refer elsewhere.

The Victoria Club is a new club for nurses and associated workers. It is prettily furnished and decorated, and occupies three floors of the hospital building. It provides drawing-room, dining and tea, writing, cloak and lecture rooms, and other accommodation to fulfil all the requirements so far as at present anticipated. The drawing-room is supplied with a comprehensive selection of daily and weekly journals, and in the dining-room suitable refreshments for lunch and tea can be secured by members and their friends at a small cost. The telephone which is attached to the club affords a great convenience to country members whose stay in London is limited, and for them too the arrangements for the reception of parcels and letters are especially valuable. The club has been fortunate in securing the services of a lady as secretary who is very well fitted for the post. Miss Fogge-Thomson is herself a nurse trained in every branch of her profession. Her varied experience, pleasant manner, and keen sympathy with nursing and kindred subjects, put her at once in touch with every person and cicumstance she has to meet in her present post. Miss Thomson was for a short time secretary of the Royal British Nurses' Association, and later she established a Home hospital in Cairo, which succeeded admirably until the visitation of cholera, which necessitated the closing of the institution. Miss Thomson is ready to place her experience and knowledge at the disposal of members, and to assist them in finding accommodation, in acquiring information, or in any other way which may be in her power. It is intended that the club should fulfil an often expressed want, and no effort will be spared to carry out this intention. Nurse members will pay a subscription of £1 1s., and Associated workers one of £2 2s. per annum. The entrance fee is £1 1s., payable by all associated workers and trained nurses who join after the 30th June, 1897.

The club premises contain a large lecture-room and accommodation for the work of the training school for post-graduate nurses, and for friendly workers among the poor in connection with the Mansion House scheme. The want of a central school for post-graduate and other nurses, in which technical instruction can be given on the lines of the Technical School for Nurses in Dublin, has long been felt by nurses who have been trained at small or special hospitals, and others who devote their attention mainly to the nursing of private cases. A staff of experienced and capable lecturers is in process

of being organized, and the various lectures, which will mostly be given singly, with details of the technical instruction to be given, will soon be arranged.

The club should prove invaluable to nurses who have left the hospital and have no headquarters in London; and it is possible that some of our nurses who are working in private will be glad to avail themselves of the opportunities which this new venture offers. Applications and all enquiries should be made to Miss Thomson, Victoria Club, Hospital Building, Southampton Street, Strand.

A Question of Public Health.

In the London Building Act, 1894, although it is provided that a new domestic building, with a habitable basement, shall have an open space of not less than one hundred square feet (going back to the requirement of the Act of 1855), and that it may be erected upon up to the level of the adjoining pavement (going back to the requirement of the Act of 1882), yet in a new domestic building abutting upon an old street (and this includes houses to be rebuilt, that is, it applies to *all London streets existing* at the commencement of the Act in 1895), the open space to be provided to the building may be entirely covered in up to a level of sixteen feet above the adjoining pavement; in other words, no open space need be provided to the lowest floors, namely, the basement and ground floor, and possibly also an entresol of the house. In consequence of this continuously retrogressive legislation, old houses possessing yards, areas, or open spaces in some form, at the front or back, or both, are being rebuilt in such a manner as to entirely cover the whole ground area two or three storeys up, leaving not a particle of open space, not even a shaft for the purpose of allowing the drainage to discharge in the open, so that the health conditions of domestic buildings in London will rapidly become worse, and the bye-laws, regulations, and directions of the County Council and the Sanitary Authorities, which are all devised so as to cause drainage to be excluded from or to be placed outside of domestic buildings, are rendered useless by a Building Act which enables a domestic building to embrace the whole of the drainage of the premises within its external walls.

The matter wears a serious aspect when considered on a wide basis. The words "open space," originally bore the common meaning of ground space, to most persons they still bear that common-sense meaning, and Parliament has attached that meaning to the words in the Open Spaces Acts, but in the later Buildings Acts the provision of open space has successively been lifted from the basement to the ground floor, thence over the first floor to sixteen feet above the ground level, and in due time may be made by future Acts of Parliament to ascend higher, so that eventually a house may be held to have supplied the necessary open space on the roof-top instead of at ground level.

J. F. J. SYKES.

Correspondence.

To the Editor of Guy's Hospital Gazette.

Bromide and Hyoscyanus Tabloids.

Dear Sir,—Perhaps you would not mind making known to your readers that Messrs. Burroughs and Welcome have, at my request, made up in tabloid form the following formula, which is recommended by Dr. Galabin, p. 281 "Midwifery":—

℞ Pot. Bromid	... ...	gr. x.
Tinc. Hyoscyami	...	ʒj.
Spt. Camph.	... ...	ʒss.
Muc. Acac.	... ..	ʒj.

The tabloids are of the usual size and consistency, and quickly dissolve, so that I think they will prove very useful to practitioners.—Yours faithfully,

A. PERCY ALLAN, M.D.,
"Abbotsford," 71, Croham Road,
22nd March, 1897. South Croydon.

Christmas Tea for the Children.

Dear Sir,—In one of the past numbers of the Gazette, there appeared an announcement that the House Committee had given their approval to a suggestion made to them, viz., "that a tea should be provided in the Out-Patients' Department on Christmas day next for the really deserving poor children of the neighbourhood."

I have great pleasure now in informing you that the "suggestion" has taken definite shape, and that if all are willing and ready to help, the tea ought to be a great success. It is a known fact that hospitals in general have a bad name outside, especially among the poorer classes; this is because their idea is that we want to get them in here for two reasons: (1) To get the beds full, and (2) to have more patients on hand to try experiments on, and not because we take any interest in their well-being. Now, if by any means in our power we can manage to disarm them of this foolish idea—and this scheme, if successfully carried out, is bound to go a great way towards doing so—surely the cause of the hospitals in general, and Guy's in particular, will be greatly furthered among those who from their position ought to have, and have a right to have the greatest interest in its well being. There is no doubt that thousands of people, no matter in what station of life Providence may happen to have placed them, can be most easily touched by showing kindness to those in whom their chief love is centred. I mean that taking an interest in the children of the poor, and trying to make them a little more happy, if even for only one day in the year, will help the parents to understand that after all a hospital cannot be such a very dreadful place.

A Committee has been formed, of which the following are members:—The Matron, Miss E. Nott-Bower, Sister

Stephen, Sister Mary; Dr. Perry, Messrs. V. E. Collins, G. K. Levick, R. T. Fitz-Hugh, A. J. Cleveland, F. S. Batchelor, F. E. Walker, W. H. M. Smith, T. H. W. Landon. A meeting of the above committee was held on Wednesday, the 17th, in the Court-room; Mr. V. E. Collins in the chair. The following officers were elected, and a sub-committee appointed, the latter to consist of seven members, including the Chairman, Treasurer and Secretary: — Chairman, Mr. Collins; Treasurer, the Matron; Secretary, Mr. Landon. Sub-committee, Miss E. Nott-Bower, Sister Stephen, Mr. Levick, Mr. Fitz-Hugh. It was decided—

1. To appeal to all those connected with the hospital for funds, and that they should be asked to interest their friends in the scheme.
2. Some article of clothing—underclothing preferred—will be given to each child, which all are earnestly requested to try and collect.
3. The ages of the children to range from 6 to 13 years.
4. The number will depend on accommodation, but probably about 400 to 500 will be invited.
5. Lists of children be made out by (1) Sisters in the hospital (of *deserving poor* children); (2) by the district nurses of the hospital, and also of the neighbouring parishes within the radius through their clergy; (3) by the district visitors.

I hope you will find space, at any rate for a portion of this letter, and will give the scheme all the help in your power. Thanking you for bearing with me so long, and apologising for the length of time I have kept you, I remain, yours faithfully,

THOMAS LANDON,
Guy's Hospital, March 23rd, 1897. Hon. Sec.

Nursing News.

The examination in Materia Medica, Pharmacy, and Dispensing took place on Thursday, February 25th, at 7.30 p.m. The following candidates passed:—M. Davidson, H. Lyon, E. M. Alexander, S. A. Hyland, A. H. Stoney, B. Tuke, J. Eaton, H. M. Simpson, M. Maw, E. M. Roffey, C. W. Arnold, S. Pollard, G. C. S. Ridges, J. Thompson, J. Creighton, M. M. L. Thomas, M. McKechnie, F. G. Pegg, M. Plummer, A. Lazarus.

It is interesting to learn from the lecturer that he finds lady pupils and nurses very apt pupils. He says of the candidates that they now "all possess such a knowledge of the drugs they had to administer as will enable them to exercise an intelligent supervision and have a greater appreciation of this important part of their work."

On March 1st the new arrangements for night duty came into force; the staff was increased by the addition of a second night sister and eight probationers.

During the short time the new system has been at work, it is pleasant to note that it has given much satisfaction to those on duty at night, and added to the general efficiency of the work in the wards.

We regret to have to announce that Miss Paterson has been suddenly called from her post as Sister of Martha ward, by urgent private business, and consequently left the hospital on March 22nd. Sister Ella (Miss Laurence) has been appointed Sister of Martha ward, and entered on her duties on March 22nd. Miss Knott (Sister Gertrude) has been appointed Medical Night-Sister and Miss Cawley (Sister Eva) as Surgical Night-Sister.

Mary ward has been for two months under the able superintendence of our well-known worker Mrs. Strathern, and it is with much regret we announce that her temporary term of duty ends on Monday, March 29th. She will be succeeded by Miss Leng (Sister Minnie).

We have much pleasure in congratulating Miss S. Harvey on her appointment as Matron to the Yeovil General Hospital.

Viva-Voce in Anatomy

At the Intermediate M.B. (Lond.)

Candidate was required to dissect out the contents of the popliteal space in two hours, out of which ten minutes were taken for the following *viva* on bones:—

1. Candidate was given an internal cuneiform and a third metacarpal. Side, articulations and muscle-attachments asked.
2. The atlas.
   "Place it in the position it would occupy in your own body. How is it developed? In what way does its ossification differ from that of an ordinary typical vertebra?"
3. The fifth lumbar vertebra.
   "What are its distinguishing features? How are the inferior articular processes disposed in the vertebral column?"
4. Candidate was next shown a sphenoid.
   "Show me the foramen spinosum, the Vidian canal, and the foramen ovale. What passes through each of these? Which is the basi-sphenoid, and when does it join on to the basi-occipital? What structures are attached to the spine of the sphenoid? Where do the sphenoidal air-cells communicate with the exterior?"
5. The cranial fossæ.
   "Show me the foramen cæcum. What are these grooves for? How many meningeal arteries are there, and where do they enter the skull?"

Candidate was then allowed to return to his dissection, after the completion of which, he spent an hour and a

half in the waiting-room, in a state of nervous trepidation, till he was "called up" for the following *viva* on soft parts:—

1. Dissection of the pterygoid and facial regions.
   "What are these nerves in relation to this muscle?" The external pterygoid. "And this?" The buccinator.

Candidate was asked all the muscles attached to the mastoid process.

2. Dissection of the dorsal region of the spine with its anterior relations.
   "Show me all the things in the posterior mediastinum. What is this?" The vena azygos major. "Yes; and this?" The sympathetic chain.
3. Candidate was then taken to a dissected pelvis in spirits, and a minute given him to "see where he was."
   "Show me the vesiculæ seminales and the vas deferens. What artery is this?" The obturator (coming off from the deep epigastric). "What is its normal position?"
4. Candidate was next asked about the arrangement of the tendons at the inner ankle and on the inner side of the knee.
5. Dissection of the inguinal canal.
   "What are its boundaries? Show me the conjoined tendon. What is the relation of the deep epigastric artery to the internal ring?"
6. Dissection of the pectoral region.
   "Give me the nerve-supply of the muscles you see here. What is this?" The costo-coracoid membrane. "How is it formed? What are the relations of the axillary vein?"

To the candidate's surprise and relief, he was not taken on the brain—which is the usual thing to wind up with—and he was not sorry to be told he could go.

G. N. M.

Papers by Guy's Men.

Since our last issue the following articles have been contributed to the medical journals by Guy's men:—

The Bacillus of Friedlaender in Pharyngitis and Tonsillitis. By W. C. C. Pakes, M.R.C.S., L.R.C.P. *British Medical Journal*, 20th March.

Lecture III. of a series of "Lectures to Surgical Nurses," by H. A. Latimer, M.D., appeared in *The Hospital* of 20th March.

Keogh Presentation Fund.

Seventh List.	£	s.	d.
H. H. D. B., Weymouth	1	1	0
C. F. R., Uppingham	1	0	0
H. E. C., East Lynn	0	10	6
E. R. F., Camden Road	0	2	6

F. W. Pavy, M.D., F.R.S.

Some time ago it was decided by the committee of this journal from time to time to publish photographs and notices of some of the senior and most distinguished representatives of Guy's Hospital. Reference to the volume for 1893 will remind our readers that this scheme has already been carried out with regard to Dr. Wilks; while more recently the change in the treasurership has given opportunity for the publication of collotype portraits and biographical notices of Mr. Lushington and Mr. Cosmo Bonsor. With the present issue appears a portrait of Dr. Pavy, reproduced from a photograph taken a few years since, but still representing fairly closely the perennial youth and genial air of our junior Consulting Physician.

Frederick William Pavy, now Doctor of Medicine of the London University, Doctor of Laws of the University of Glasgow, and Fellow of the Royal Society, was born at Wroughton, in Wiltshire, in the year 1829, and is now accordingly in his 69th year. He was educated at Merchant Taylors' School, and his first journey to London was undertaken in the time of the coaching days, when the Great Western Railway ran only as far as Maidenhead. He remembers the coachman turning to him as the train passed by them on the road, and, with an air of assurance, engendered by experience of the world, remarking: "Ha! that won't last long." Entering Guy's in 1847, he at once rose to prominence in the school with which he has now been connected for fifty years. From the first he made the examinations of the London University his prime object, and succeeded in passing them with distinction.

After serving as House-Surgeon and Physician in turn, Mr. Pavy went over in the early fifties to Paris, and worked for some time at the Collège de France, in the laboratory of Claude Bernard, of whose work he has been the friendly but able critic. It was in this course of work that he first became interested in the pathology of glycosuria, the investigation of which has been the chief work of his life. Since then he has been Vice-President of the Paris Medical Society.

Dr. Pavy served in turn in the various departments of instruction at Guy's. In 1853 he was appointed Demonstrator of Anatomy, and after three years in this position, was associated for two years with Mr. Poland in the Anatomical Lectureship. He held the Lectureship in Physiology for twenty-one years, his first colleague in the post being the late Sir William Gull. For ten years, beginning in 1855, he lectured in Comparative Anatomy and Zoology, and finally, for seven years, he delivered the lectures in Medicine. He was appointed on the staff of the hospital as Assistant Physician in 1859, and promoted to the full staff in 1871, and to the consulting staff in 1890. At the College of Physicians he has twice, in 1862 and 1863, given the Gulstonian lectures; he has twice, in 1878 and 1894, delivered the Croonian lectures; he was Lettsomian lecturer in 1859; and in 1886 he was Harveian orator.

Few present students remember Dr. Pavy as a Clinical teacher; and few are fortunate enough to have witnessed his skill as an experimenter. So great, indeed, was his dexterity in manipulation that many thought that he was marked out for a surgeon rather than a physician.

Men, however, are frequently immortalized by the details of their work; and the memory of Dr. Pavy is kept green, or rather blue, by the bottles of ammoniated cupric sulphate bearing his name, which are in daily use in the wards. A few legends also collect around the old names, accumulating and adapting their shape under the mellowing influence of time. Dr. Pavy, it is recorded, if unconvinced of the bronchial character of breathing in a case of pulmonary disease, would remark, "It is not bronchial breathing; it is only a little whiffing." A child once came in of the name of Whiffen. "We have a new case in, sir." "What is that?" said Dr. Pavy. "Well, sir," replied an audacious ward-clerk, "it is a case of a little Whiffen."

Dr. Pavy has from the first continued to investigate the problem of glycosuria, and the list of his published works alone shows that his labour in the subject to which he has confined his attention has been prolific. They are as follows:—

"On the Nature and Treatment of Diabetes."

"A Treatise on the Function of Digestion; its Disorders and their treatment."

"A Treatise on Food and Dietetics physiologically and therapeutically considered."

"A Treatise on the Physiology of the Carbo-hydrates; their application as food and relation to diabetes."

"The Physiology of the Carbo-hydrates; an epicriticism."

To the medical profession of to-day he is perhaps best known through his controversy with Dr. Noel Paton in the columns of the *British Medical Journal* last year, on the same subject of the glycogenic function of the liver, and, although his views have not been very generally received, the opinion was expressed by Ludwig, not long ago, that Dr. Pavy's work was worthy of much closer attention than has been paid to it by the English physiologists. He was one of the first workers at the laboratory of the Victoria Embankment after its foundation, and he still works there with undiminished enthusiasm. In private practice he is well known for his treatment of diabetic and dietetic cases.

Finally, Dr. Pavy having served Guy's Hospital for fifty years, is one of the most devoted supporters of its medical school. He has been president of the Debating Society since its foundation, frequently presiding at its meetings; and to the College and Clubs' Union, when the College was being built, he made the generous gift of the gymnasium, which was built and furnished at his expense, and has been regularly honoured by his presidency at the annual contest and display. It will be the wish of all old Guy's men that a further period of honour and useful work may be in store for so vigorous an investigator, and so loyal an adherent of their common School.

Guy's Hospital.

OFFICIAL NOTICE.

UPON the recommendation of the Staff, the following appointments have been made by the Treasurer:—

Ophthalmic Registrar and Tutor.—Mr. G. Bellingham Smith.

Anæsthetist in the Dental Department.—Mr. F. J. Steward.

Demonstrator of Anatomy. — Dr. W. S. Handley.

March 19th, 1897.

House Committee.

IT has been decided to provide a steam sterilizer in Bright ward, somewhat similar to that used in the Public Health Laboratory for the destruction of infected matter from the Bacteriological Department. It is thought that such a sterilizer will render it easy to disinfect, not only the instruments, but the various vessels employed in operations in the ward. The cost of the apparatus is estimated at £21.

Miss Iles having satisfactorily completed her period of probation, has, upon the recommendation of the Matron, been placed upon the regular staff as Assistant Dormitory Matron.

The House Committee has decided to install the electric light in the Library of the Hospital.

An extra class for probationers has been arranged for the instruction of the additional nurses now employed upon night duty.

The Committee have accepted the following recommendations from the Dental Council, having for their object a more efficient treatment of dental out-patients:—

1. That the porter should be instructed not to admit any dental out-patients after 9.30 a.m.

2. That a conspicuous notice be posted in the Out-patient Department to the effect that gas is only administered to those cases in which the dental officers consider it to be necessary.

3. That the House-Surgeon be instructed to issue each morning not more than five gas tickets to urgent cases to be treated on the day of application, and with regard to all other cases to issue tickets for treatment on a subsequent day in such numbers that not more than fifteen such tickets be issued for any one morning.

Tenders for meat have been accepted from Messrs. Blofeld & Co., and for drugs and chemicals from Messrs. Davy, Hill & Son; Yates & Hicks; Wright, Layman & Umney; Burgoyne, Burbridge & Co.; T. Morson & Son; R. Graesser; and Lister & Biggs. Surgical dressings will be supplied by Messrs. Robinson & Son; J. Milne; and Down Bros.

Passim.

We barely commented last week on the announcement that one of the old wards is at last to be re-opened. Addison, opposite Bright, is the ward chosen; and it is hoped that the Prince of Wales will perform the ceremony when he comes down to open the new school buildings in May. It is quite a pleasure to go up to the old deserted ward and find it in a greater mess than ever, with the furniture being pulled about and an army of men painting up the whole of the Medical Building, which was looking terribly dingy. We trust the present year may see the rest of the beds opened that are still closed to the poor of Southwark. Addison is to be a gynæcological ward, and each surgeon and assistant-surgeon will between them have one male and one female general ward, which will greatly simplify present arrangements.

Dr. Hamilton, as we have already announced, will be leaving for South Africa in a fortnight's time; and at a packed meeting, a gold half-hunter watch and chain, raised entirely amongst the men by half-crown subscriptions, was presented to him amidst great enthusiasm. The present itself would be sufficient token, without more being said, of the goodwill that will follow Dr. Hamilton to the Transvaal. His place in the dissecting-room has been filled by the election—of which we print the official announcement—of Dr. W. S. Handley to the post of Demonstrator in Anatomy. Dr. Handley is so well-known in Guy's, having served as house-surgeon to Mr. Lucas, and at the same time passed his doctor's degree, in the last six months of last year, that he needs no introduction. Those who would know of the gold medal, and other details of his career, will find a short biography in the second March issue of the Gazette in last year. While the new demonstrator is to be cordially congratulated on his good success, the school must also be congratulated on securing the services of one who bids fair to be no less successful in the technical than in the social qualities required for the demonstratorship.

Several other good candidates are understood to have applied for the post, and it is no disparagement to their abilities that they have failed on the present occasion. They must be wished good success in the next election to the vacancy which is now announced for the post of Surgical Registrar. This arises through the election of Mr. G. Bellingham Smith to the new Ophthalmic Registrarship, an appointment which will be a considerable blow to the surgical staff of the hospital. It is to be hoped that he may be appointed to one of the wider teaching posts, namely those in Histology and Practical Surgery, for which applications are also invited.

The curatorship of the Surgical Museum is also open, and will be no sinecure to anyone who has the will to continue the work that has been so admirably carried out of late on the medical side. In this connection we should like to ask if it could not be possible to arrange that the curator, or some other surgeon, should be entrusted with the examination post-mortem of cases dying in the surgical wards. At present these cases are examined by a physician who has far more interest, for instance, in a grain of deposit on the valves of the heart than in the success of a ligature, or the healing of wounds. Under the present system much most valuable information is lost through the surgical cases being examined from a medical rather than a surgical aspect.

We are informed that Mr. Targett has resigned his appointment as Curator of the Pathological Museum of the College of Surgeons, with which he has been connected for the past ten years. At the last meeting of the Council of the College the following resolution was passed:—"That Mr. Targett be informed that the Council accept his resignation with great regret, and desire to express their warm appreciation of the very efficient services rendered by him during his term of office."

In the new appointments-list we notice that the assistant house-physicians were clinical assistants respectively nine and twelve months ago; of the "charities," two were clinical assistants at the end of last year; while one was appointed assistant house-physician fifteen months ago; but the assistant house-surgeons are still working in John and Miriam wards. We hope to publish the usual notices of them in our next issue. They are a worthy team and we welcome them cordially; while it is with sincere regret that we take official leave of Messrs. Tyson, Harnett, Edwards, Moffat and Bell, a most genial set of men, and good hands withal at their respective trades.

Another old Guy's man has received the honour of a professorial chair. Mason College, Birmingham, has been fortunate in finding so good a physician and medical jurist as Dr. Robert M. Simon, M.D., Cantab, F.R.C.P., as its new Professor of Forensic Medicine; and we congratulate Dr. Simon on the honour he has received.

We were glad to see that the Duke of York has appointed Dr. Alan Reeve Manby, M,D., to be Surgeon-Apothecary to His Royal Highness at Sandringham.

On the momentous occasion of the celebration of Her Majesty's sixtieth year of reign, Mr. Clement Lucas' firm will be on duty in the surgery. The question is whether the "Clinical for the week" or the dressers will have most to do. On the one hand there should be immersions and poisonings—chiefly of one kind—and an intestinal obstruction or two; but on the other there are the glorious uncertainties of a system of mounted police and jerry-built grand-stands. The prospect is decidedly encouraging—from one point of view. N.B.—This paragraph is written for the benefit of mothers, sisters, and other lady-friends.

A certain prominent commercial authority in the hospital has already six plans for the occasion, or rather five plans and one scheme. The scheme is to rent the Borough "*en masse*" for the occasion, and re-endow Guy's and many hospitals several times over with the proceeds. One of the plans is to erect a scaffolding over the triangle at the end of Southwark Street, or in front of St. Saviour's Church, or across St. Thomas's Street. Another plan is to organise a body of two hundred Guy's men—preferably members of the three inactive and jealous firms—to sally forth into the highways and fetch in material for the privileged firm to experiment on. (N.B.—This sentence was especially devised for the use of the Anti-Vivisection-in-Hospitals Society upon their placards). Another plan is a balloon, captive or otherwise, according as circumstances and the populace below might permit. A real genius has suggested the sudden explosion of some of the warehouses and shops between the hospital and the Borough at a short interval before the arrival of the procession. This would serve the purpose both of the honoured firm on duty and of those who wished to see the sights without trouble. In fact, it would be an act of philanthropy to the poor patients and the hard-working nurses. Further suggestions will be gratefully received.

The editors of the *Hospital* have received the Interim Report of our Re-endowment Fund, and have on the whole commented favourably on it. But they have made the great and extraordinary mistake of saying that since one hundred and sixty-one thousand pounds has been subscribed to the fund, and promises of annual subscriptions have been received to the amount of three thousand three hundred pounds, this latter should be considered as equivalent to a funded total at three per cent. of one hundred and ten thousand pounds; and that it is distinctly misleading not to state immediately in the Report that the Re-endowment Fund has reached therefore the total of two hundred and eighty thousand pounds. They then proceed to advise the Governors to close the Re-endowment Fund, stating that enough has now been obtained and that it has been abundantly proved that a hospital independent of annual subscriptions is careless in its management.

Now, in the first place, it would be untrue to make the statement desired, for the hospital has not received two hundred odd thousand pounds, and no reliance can be placed on the continuance of annual subscriptions. In the second place, many, if not most, of the subscriptions have been given with the direct purpose of re-endowing the hospital, and so freeing the charitable public for ever from the burden of its support. Finally, we utterly deny that the chief independent hospitals, such, for instance, as St. Bartholomew's, are carelessly managed. The only requisite condition is sufficient public representation on the governing body.

It is good to see Guy's well represented on the Council of the Royal National Pension Fund for Nurses. At the tenth annual general meeting, held on March 11th, Dr. E. C. Perry and Mr. Thomas Bryant were amongst the retiring members of the Council who were re-elected. Miss F. C. Nott-Bower was elected in the recent ballot for representatives of the annuitants and policy-holders.

We are requested to announce that the Guy's Nurses' Choral Society will give a concert in the Governors' Court Room on the evening of Thursday, April 29th. The proceeds of the

concert, after deducting a sufficient sum to defray the expenses of the season, will be set aside towards the purchase of a grand piano for the proposed Nurses' Home. The tickets will cost half-a-crown each, and may be obtained from any of the members of the committee. We hope to be able to give full details in our next issue.

We also reserve to our next issue, amongst much other material, including reports of clinical lectures and the wind-up of the Keogh presentation fund, the promised account of the skiagraphic arrangements which are not yet complete. The apparatus has arrived and is deposited in the electric department where it has already been tested. Indeed, if the writer of these lines is observed in a few days to be growing bald, it will be known that he has lost his hair in an unselfish and unsuccessful attempt to make his head transparent; for it proved as dark and as thick as it could be.

The Beaney Prize in Pathology, which last year was not awarded, has been awarded this year to Mr. Robert Howard, out of a select entry of four candidates. Three out the four have shared the prizes of their year fairly evenly, and it will be interesting to watch their final struggle for the medals this year.

The Physical Society closed the session with a successful Microscopical evening last Saturday, Mr. Symonds being in the chair. Mr. F. E. Fremantle was awarded the Society's prize for the best paper of the session; Mr. A. W. Ormond received the second prize, which was given instead of a prize for speaking; while the exhibits' prize was awarded to Mr. S. E. Denyer. Unfortunately no essay had been sent in to compete for the Treasurer's prize, a fact probably due to the rule which debars the Presidents, the most likely prize-winners, from competing. It is to be hoped that both in papers, and especially in attendance, the Physical Society may improve next year, and that the gross indifference that most men have shown lately to the proceedings of the Society may disappear. With this in view we should be very glad to see the rules of the Society thoroughly revised, for many are now a dead-letter, many circumstances having changed since the rules were last framed.

The Ladies' Night of the Debating Society was a great success and was well arranged throughout. Some 150 persons were present, and several ladies spoke. The house finally deciding emphatically in favour of the vagaries of fashion.

The Annual General Meeting of the Students Club was held in the Anatomical Theatre on Thursday afternoon at four o'clock, with Dr. Pye-Smith in the chair. Messrs. Cleveland, Fitz-Hugh, and Collins were elected on the committee for the year and, as has been already said, a presentation was made to Dr. Hamilton by Mr. F. E. Walker, on behalf of the students. Dr. Hamilton replied, and the proceedings closed with a vote of thanks to Dr. Pye-Smith, who, in a happy speech, added his good wishes to those of the students for Dr. Hamilton's success. The same feelings were finally expressed in cheers and song before the meeting broke up.

The general meeting of the Athletic Club was held on March 18th. Mr. Clement Lucas was re-elected President. The club is in great want of new talent for many events before we can hope to see the shield back again. Several of our representatives ran well last year, and as it was the first occasion on the track for most of them, we may hope to see a further improvement this year. The sports will be held again on our own ground, and we hope all men who have any chance whatever of helping the hospital to regain the shield will make the most of their opportunity to train hard. As Mr. Bell said at the general meeting, training is just as good on grass as on a cinder track, and it is training that wins races.

The return of the Association Cup to our smoking-room affords some comfort for the loss of the Rugby one. The game at Leyton, if not particularly brilliant as an exposition of the game, was at any rate full of interest from start to finish, and the noble band of Guy's men who had the keenness to go down, were rewarded by witnessing as tight a match as could be, ending in a narrow but well-deserved win for their representatives. Considering that London had all the elements in their favour, and looked like equalising all through the first half-hour of the second half, our men are to be most heartily congratulated on their plucky and successful efforts to keep their goal intact.

Both Rugby and Association teams have now finished their cards of fixtures, and a detailed

summary of the first is given in another column. That of the Association team is held over through pressure of space to our next issue; and in due course of time we hope to publish photographs of both teams. A pleasing feature of the season's work is the fact that five at least of the Rugby XV., who now obtain their "blues" have been in the past regular members of the second team. This is distinctly "one up against" those who, when not chosen for the first team refuse to play for the second, and prefer joining third-rate outside clubs, and it should encourage those who do stick to the hospital to persevere with the certain hope that keenness and merit will be ultimately rewarded.

St. Thomas's are to be congratulated on the acquisition of an athletic ground close to Chiswick, not much over half-an-hour in all from their doors. We in Guy's have now so long enjoyed our ground that we could not very well imagine hospital life without it, and we will wish our rivals on this side of the water good luck accordingly with their new acquisition. They are fortunate in securing, as we have contrived to secure, two football grounds and a cricket pitch between them, as well as a pavilion; but we are considerably more lucky in that it takes us only fifteen or twenty minutes to reach Honor Oak Park.

The Treasurer, on Thursday in last week, entertained the Disguysed Minstrels right royally at his house in Belgrave Square. Some forty-two sat down to dinner, which concluded with a few toasts and a musical evening, in which the individual performers were in capital form. We were commissioned or challenged to write a speech for the Treasurer, but have failed in the task, nothing being equal to the buoyant, cheery good humour in which he proposed various healths in turn.

On Monday last the Bill for including Southwark in the City of London was defeated by a very narrow majority; and we cannot deny that the Bill deserved defeat. It proposed to separate the richer parishes of the Borough, bordering on the river, from the poorer parts, and so deprive the last of the support which they so deeply need. Another Bill will, we hope, amend these defects, and will then in all probability pass easily through the House.

A grand evening concert, followed by a ball, is to be given in Brixton Town Hall, on behalf of the hospital, on Wednesday, April 7th. The concert is to last from 8 to 10.30, and Madame Belle Cole is advertised to sing.

For the few men reading for the first and second examinations for the Cambridge degree of M.B., we may mention that the first will begin on June 14th and last till the 19th, the second on the 14th and last till the 22nd. The list for the third examination we give elsewhere. Further information may be had of the "Enquire within for everything" Office down the road.

"Treatment" is a fortnightly sixpenny magazine, of which the first number has just been sent to us. The title belies the character of the paper, which is described in full as "A Journal of Practical Medicine and Surgery," a good paper, for instance, being contributed by Dr. Herman on Endometritis, and several notes being given on prognosis and diagnosis as well as on treatment. Mr. D'Arcy Power, Mr. Hurry Fenwick, Mr. A. H. Tubby and Dr. Silk are amongst those on the editorial staff. We wish the little paper well; but regretfully doubt if there is room for it in the medical population of London.

The Report of the Clinical Research Association is more formidable than ever this year. It contains fairly elaborate reports of each of the special departments of the Association, and a list of its 1,200 members. The reports are of some considerable value themselves, as is only to be expected when experts are given the opportunity of examining, as here, for instance, 111 squamous celled epitheliomata or 2,417 specimens of sputum. The work on the association of the bacillus diphtheriæ with other organisms should be useful. Arrangements have been made for medical photography and skiagraphy and for a little teaching in bacteriological work and in other new departments. Altogether, the Association are making things very comfortable for the practitioner; but we asked last year, and we may again ask, how far such an arrangement tends to prevent men relying on their own observations, as they should be accustomed to do.

The first floor of the new hospital building in Southampton Street, Strand, is given up partly to the Hospitals' Association, a large and well-proportioned room being set aside as a library,

which will contain all books on the subject of hospitals, and medical and other charities throughout the world. In the library will be preserved the statutes, rules, bye-laws and reports of hospitals and other institutions, and an exhaustive collection of plans of the principal medical institutions, drawn to an identical scale. The librarian, Mr. G. D'Oyly Hutchins, will be constantly in attendance, and the library will be available to members of the Hospitals' Association, a voluntary society of the managers and supporters of hospitals and medical institutions throughout the country, the British colonies, and elsewhere. We are glad to hear that our treasurer is chairman of the Association for the present year, and that Dr. Perry is on its committee. Full particulars as to the use of the library, and the subscription to the Hospitals' Association, may be had on application to the librarian. Great credit is due to Mr. Burdett and his fellow-workers, who are assisting in the formation of this unique collection. When complete it will be of very considerable value to all persons interested in the management of such institutions.

Any change in the beaten track to and from the hospital every day is of interest to the community, and a change in the brass plates in St. Thomas's Street attracts an unusual amount of attention to the particular door under treatment. The house next but one to the hospital, No. 24, has now passed from the hands of Dr. Newton Pitt, who has moved to No. 15, Portland Place. He is succeeded in his old house by Mr. Bellingham Smith and Dr. Fawcett. Dr. Washbourn is also preparing to emigrate from Guy's land.

Ladies' Night at the Debating Society.

The annual Ladies' Night of the Society occurred on Saturday, March 13th, and was an unqualified success. The debate was remarkable in many ways, but especially for the skillful (how do you spell it, Editor?) [Don't ask rude questions.—Ed.] way in which everyone avoided the point at issue. The ladies, of whom there were (or was) a large crowd, spoke with readiness, and many of them with humour, but they seldom made their points with any effect. Several of the staff were present, and Dr. Pavy was, to everyone's delight, in the chair. The point of the debate upon which the greatest divergence of opinion was shown was the pronunciation of the word *vagaries;* the humourists made great capital out of this, giving it every possible variation, and, we are bound to say, we got a little tired of it after the third attempt. We are willing to stake our literary reputation that the accent is on the second syllable.

Mr. J. M. Fortescue-Brickdale moved that "The vagaries of fashion are unworthy of a civilized nation." He started by modestly protesting his own unworthiness, but he soon got to work on his subject with a perfectly transparent earnestness. He complained that the development of fashion followed no laws, and in this he contrasted it with architecture, music, etc. He characterized the motives of the fashion-followers as a desire to make themselves conspicuous on the part of persons having no other moral or physical claim to conspicuity. He touched upon the injurious effects of many fashions. When, he asked, was the condition of Talipes Equinus necessary as a means of locomotion? His speech was freely interlarded with quotations from a large range of writers, some acknowledged, some not.

Mr. J. E. Collins opposed. He contended that fashions were part of the scheme of nature, and adduced arguments to this end. He traced the advance of fashion with that of civilization. He drew a vivid picture of the results of not following the fashion, of the terror of wearing the same style of dress for twenty years, and attributed the presence of fashions to a desire for change. He made a great point of the fact that fashions added colour to existence.

Mr. Henry Holliday, of the Rational and Artistic Dress Association (or Society), supported the opener. He took himself very seriously, which was well, for nobody else did. He complained that the opposer confounded custom and fashion, and he dealt severely with his colour argument. Modern fashions, he said, such as the tubular form of gentlemen's dress, mark no epoch, and he proceeded to contrast them with those of ancient Egypt; he has been studying this subject lately and crowded a *précis* of a large part of the library of the British Museum into his speech. He considered that there were only two rational forms of dress—one was the loose and flowing, the other the tightly fitting.

Mr. Pakes supported the opposition. He devoted most of his speech to chipping the mover and his supporter in that they were dressed in the height of fashion. He also pulled most of Mr. Holliday's remarks to pieces.

Miss Robson spoke against the motion, as indeed did every lady speaker. She made several neat remarks.

Miss Stewart defended her sex; she had noted many varieties in men's ties while strolling in the Burlington Arcade.

Mr. Shufflebotham considered that the general tendency of fashions was good. He noted much improvement in the last 300 years.

Mr. Cazenove spoke flippantly, favouring both sides with great impartiality.

Miss Kelly compared the vagaries of fashion to a spiral staircase, but we forget where it led to. She also invoked her trusty friends the Benzene Ring and Aniline Dyes.

Miss Stevenson defended the much abused frock coat, and said she had seen men look very handsome in them.

Mr. Robert Howard blushed.

Mr. Brydone spoke of fashions in forms of speech, and misquoted the *Guyoscope*.

Mr. Fremantle spoke for the motion from the opposition benches. This he apoligized for.

Result:—Members—Ayes	...	11.
Noes	...	30.
Visitors—Ayes	...	22.
Noes	...	76.

Mr. Howard gracefully proposed, and Mr. Higgens seconded, a vote of thanks to the President.

Dr. Pavy, replying, congratulated the society on its flourishing state, and traced the changes which had occurred since he entered the hospital as a student fifty years ago.

Altogether a most entertaining evening.

Original Poetry.

(*For the "Kent Herald."*)

IMPROMPTU SONG.

GUY'S HOSPITAL DINNER.—1848.

As a visitor, I thank you for the honour just conferr'd, Sir,
I really feel excited, and with gratitude am stirr'd, Sir,
The pleasures of the evening for a moment I'll retrace, Sir,
And endeavour just to give a *diagnosis of the case*, Sir.
Bow, wow, wow,
Indulgence to my blunders you must all allow.

When first I enter'd this gay hall, the thought popped in my head, Sir,
That the operating tables invitingly were spread, Sir,
But when the viands once appeared, it required but little gumption
To see that we were one and all *disposed to a consumption*.
Bow, wow, wow,
But your lungs are all uninjured, as your cheers well show.

And then began what some would deem a very curious sight, Sir,
For every one was bent on being exceedingly polite, Sir,
They bowed and raised their glasses—the liquor may be guess'd, Sir—
I'm sure that symptom second was not *water on the chest*, Sir.
Bow, wow, wow,
Hydropathy we're all inclin'd to scout just now.

Now tongues began to wag apace, and cheek and nose got painted—
Bacchus and Esculapius began to get acquainted;
The bottle and the joke were passed with wondrous animation,
And instead of merely *venous* we'd a *vinous circulation*.
Bow, wow, wow,
Perhaps our blood would be a little *buff'd* just now.

And then our able Chairman he challenged my attention,
His tact and his suavity demand especial mention.
No one who heard his kindly tone, could doubt what *Dr. Bright* meant;
He prescribes well for his patients under jocular excitement.
Bow, wow, wow,
May he never be less happy than he seems just now.

The speeches too have well pourtray'd the object of this meeting,
And to each celebrated guest you give a proper greeting;
Mere rank or title I disdain to flatter or to toady,
But I really think you're honour'd by the names of *Clarke* and *Brodie*.
Bow, wow, wow,
Fair compliments to merit we must all allow.

Midst this galaxy of talent I'd fain enshrine each name, Sir;
There's *Travers* and there's *Cooper*, who are both well known to fame, Sir.
When *Aston Key* turns up his cuffs you feel a strong reliance,
For you see that he's a Key who has unlock'd the stores of Science.
Bow, wow, wow,
Pure surgery with laurels has adorned each brow.

The French metropolis they say is in a dreadful rout, Sir;
I'm pleased to see that here at least a *Paris* still holds out, Sir.
You've *Babington*, who of a fame has been a great creator,
And then you boast an *Addison*—and I'm a pleased *Spectator*.
Bow, wow, wow,
They are too well known to need my poor eulogium now.

To one more name I'm bound to beg attention you will lend, Sir,
I owe one more *conception* to a kind obstetric friend, Sir;
I'm sure you all anticipate I now mean *Dr. Lever*,
He's committed to posterity with *puerperal fever*.
Bow, wow, wow,
He'll excuse me for *delivering myself* I know.

French politics and news just now each man to man rehearses,
And poor old Louis e'en must give a *fillip* to my verses;
I really think the Bourbons all want acumen or quickness,
Or they wouldn't so universally evince the *falling sickness*.
Bow, wow, wow,
A drastic revolution purges France just now.

In times gone by when every man agreed Reform to urge, Sir,
'Twas granted by Lord Johnny, and 'twas nicknamed "Russell's purge," Sir;
To bleeding by the Income Tax, he clings with firm cohesion,
But five per cent. was trying on a *dangerous depletion*.
Bow, wow, wow,
The political *Sangrado* has succumbed I trow.

Now medicine, like other things, gives birth to sundry saws, Sir,
From which it is intended that a moral you should draw, Sir;
There's one that I consider to be nothing else but stuff, Sir:
"Throw physic to the dogs"—I'm sure they've got quite *bark* enough, Sir.
Bow, wow, wow,
The dogs all seem to answer me in chorus now.

And now it just occurs to me you're tired of my rhyme, Sir,
And to wind up this doggerel it really is high time, Sir;
You've secur'd me an attention that's exceedingly polite, Sir,
And I really feel indebted—I do though—*Honour Bright!* Sir.
Bow, wow, wow,
And with this adjuration I will make my bow.

HMUNDENAMMOND.

Reviews.

Student's Note-Book of Physical Chemistry. By A. J. Hall, B.A., M.B. (Cantab), M.R.C.P. Lond. London: Baillière, Tindall & Cox. Price 2s. 6d. nett.

This little book is essentially a laboratory companion. The author's intention is to provide a book to which the student may readily refer, and in which he may record his own observations and results. To this end the letter-press is interleaved with blank paper, which, unlike that of many similar books, is of very fair quality. The matter itself is clearly arranged, and every paragraph bears a marginal summary or note. In these latter are embodied many useful wrinkles born of experience in the use of apparatus and the significance of test embraces. Although, of course, this work cannot lay claim to any great degree of completeness, yet it enhances the whole of the practical course of chemical physiology usually pursued by medical students. A noticeable omission, however, is that of the Hopkins method for estimation of uric acid. The methods of Heintz and of Haycraft are given, and although marginated as unsatisfactory, no mention is made of the ammonium chloride process. Several useful reference tables and analytical schemes are included.

Cambridge Examinations.

Easter Term, 1897.

Plan of Examination (subject to alteration in details, of which due notice will be given).

Third Examination for Degrees of M.B. and B.C.

Part I.—Tuesday, April 27th, 9 a.m. to 12 noon, Principles and Practice of Surgery. Wednesday, 28th, 9 a.m. to 12 noon, Midwifery (in the Senate House). Friday 30th, 9 a.m., Oral Examination in Surgery, and Surgical Operations; 2 p.m., Oral Examination in Surgery, and Surgical Operations. Saturday, May 1st, 9 a.m., Oral Examination in Surgery, and Surgical Operations (in the Medical School); 11 a.m. and 2 p.m., Clinical Examination, Surgical Anatomy, and Application of Surgical Apparatus (at the Hospital); 10.40 a.m. and 2 p.m., Oral Examination in Midwifery (in the Medical School. Monday, 3rd, 9 a.m., Oral Examination in Midwifery (in the Medical School); 11 a.m. and 2 p.m., Clinical Examination, Surgical Anatomy, and Application of Surgical Apparatus (at the Hospital).

Part II.—Tuesday, April 27th, 2 to 5 p.m., Principles and Practice of Physic. Wednesday, 28th, 2 to 5 p.m., Pathology. Thursday, 29th, 9 a.m. to 12 noon, Principles and Practice of Physic; 2.30 to 4 p.m., Elements of Hygiene and Medical Jurisprudence. Friday, 30th, 9 a.m. to 12 noon, Therapeutics (in the Senate House). Tuesday, May 4th, 10 a.m., Clinical Examination (at the Hospital); 2.30 p.m., Microscopical Specimens, and Oral Examination (in the Pathological Laboratory). Wednesday, 5th, 10 a.m., Clinical Examination (at the Hospital); 2.30 p.m., Prescriptions, and Oral Examination (in the Pathological Laboratory). Thursday, May 6th, 9.30 a.m., Clinical Examination (at the Hospital); 2 30 p.m., Oral Examination (in the Pathological Laboratory).

Examination for Degree of M.C.

Friday, April 30th, 9 a.m. to 12 noon, Pathology, and Principles and Practice of Surgery; 2 to 4 p.m., Essay on Surgical case and Topic relating to Surgery (in the Senate House). Saturday, May 1st, 9 a.m., Oral Examination and Surgical Operations. Monday, 3rd, 11 a.m., Surgical Anatomy and Clinical and Oral Examination (at the Hospital).

The names of candidates for the Third Examination for the degrees of M.B. and B.C. must be sent to the Registrary on or before Thursday, April 1. Candidates who are members of the Senate may send their names to the Registrary direct. All other names must be sent through the Prælectors of the respective Colleges.

Forms on which it is requested that the names may be written have been sent to the Prælectors.

The certificates of candidates, accompanied by their postal addresses, must be sent to the Registrary on or before Wednesday, April 21.

The fees for each examination must be paid to the Registrary when the certificates are sent in. The fee is £2 2s. for *each part* of the examination.

Any candidate whose name and certificates have not been sent in and fee paid at the proper time is liable to pay an additional fee of £1 if he be nevertheless admitted to the examination.

Appointments.

HOUSE APPOINTMENTS.

The following appointments have been made by the House Committee:—

House Physicians.—Messrs. T. B. Poole (Dr. Pye-Smith); N. H. Pike (Dr. Hale White).

Assistant House Physicians.—Messrs. A. G. Butler and F. G. Thomas.

House Surgeons.—Messrs. A. H. Spicer (Mr. Howse); P. N. Vellacott (Mr. Davies-Colley).

Assistant House Surgeons.—Messrs. V. E. Collins and R. P. Rowlands.

Obstetric Residents.—Messrs. A. Salter (April), W. E. Hills (May), E. Fisk (June).

MEDICAL SCHOOL APPOINTMENTS.

The following appointments have been recommended by the Medical Council and approved by the House Committee:—

Clinical Assistants.—Messrs. J. O. Garland, R. W. Mayston, E. Ivens Spriggs, H. J. Starling, J. N. Gardiner, S. E. Denyer.

Gynæcological Assistants.—Messrs. S. Whicher, C. C. Stead (April, May); F. A. Godson (May, June); B. B. Ham, W. Tyson (June, July).

Clinical Assistants in the Medical Wards.—Messrs. W. C. Milward, W. J. Lindsay.

Clinical Assistant in the Medical Out-Patients.—Mr. C. R. Evans (Dr. Washbourn).

Dressers in the Eye Wards.—Messrs. R. B. Stamford, F. J. Lidderdale (May to June 15th) (Mr. Higgens); C. P. Weekes, R. T. Brown (May to June 15th) (Mr. Brailey); F. S. Batchelor, M. H. Thornely (May 1st to July 31st) (Mr. Higgens); A. J. Cleveland, J. T. Roberts (May 1st to July 31st) (Mr. Brailey); F. E. Fremantle, A. E. Porter (June 15th to September 15th) (Mr. Higgens); J. Howell, C. R. Hodgson (June 15th to September 15th) (Mr. Brailey).

Dressers in the Throat Department.—Messrs. H. T. S. Bell, H. Bernard-Onraët, W. N. East, Edward Evans, Evan Evans, W. A. Fuller, C. L. G. Chapman, W. Mussellwhite.

Surgeons' Dressers.—Messrs. H. S. Turner, A. C. Ambrose, J. E. H. Parsons, E. Fryer, R. J. Pritchard, G. H. Bedford (Mr. Howse); H. P. W. Barrow, C. Shepherd, H. R. Miller, F. L. Rae, L. Humphry, E. R. Row (Mr. Davies-Colley); A. H. B. Kirkman, R. Balderston, J. E. Dupigny, L. E. C. Handson, V. J. Crawford, J. Howells (Mr. Lucas); K. B. Alexander, J. A. Glover, H. M. Berncastle, E. G. Goddard, S. H. Mason, A. B. Passmore (Mr. Golding-Bird).

Assistant Surgeons' Dressers. — Messrs. W. H. M. Telling, T. P. Berry, F. E. Walker, E. B. Dowsett, F. O. Stoehr (Mr. Jacobson); W. L. Baker, E. A. Longhurst, R. Michell, J. L. Payne, A. R. Thomas, H. N. Clarke (Mr. Symonds); H. C. Holden, A. W. Powell, E. Ashby, T. W. S. Browne, G. T. Brundrett (Mr. Lane); A. H. Carter, H. S. Crapper, H. E. C. Fox, A. A. Miller, G. C. Owsley, H. C. Sturdy (Mr. Dunn).

Medical Ward Clerks.—Messrs. H. Durbridge, H. L. Eason, L. H. McGavin, E. E. Parrett, T. M. Walker, J. T. Dunston, F. E. Hutchinson, J. Matthews, A. G. Osborn, J. J. Rodil, R. H. J. Swan, F. D. Turner, H. A. Gaitskell, J. Harris, L. Wilkin, A. E. Clarke, S. A. Ruzzak, W. B. Hope, A. R. McLachlan, D. J. Munro, N. Williams, F. W. Brook, G. M. Brown, E. I. Davis, J. N. Dyson, R. O. Jones, E. W. H. Shenton, H. B. Dismorr, P. C. P. Ingram, C. A. Lower, W. McIlroy, A. A. Smith, E. J. Tongue, F. Shufflebotham, W. M. Thomas.

Assistant Physicians' Clerks.—Messrs. T. H. Body, V. T. C. Bent, E. A. Evans (Dr. Pitt): B. Isaac, L. D. B. Cogan, C. H. Brangwin (Dr. Shaw); J. T. De Coteau, H. R. H. Denny, C. F. Watson (Dr. Washbourn).

Surgical Ward Clerks.—Messrs. L. C. Martin, J. S. Cousins, R. W. J. Radley, C. B. Sells, A. G. Capel Davies, F. R. Featherstone, H. B. Foster, A. W. Penrose, J. B. C. Brockwell, C. Edwards, W. W. Harrison, G. N. Meachen, B. W. Moss, H. M. Reeve, G. Shorland, C. A. D. Bryan.

Post-Mortem Clerks.—Messrs. H. Cardin, W. H. M. Smith (April and May); H. W. Bruce, G. E. Richmond, P. Turner (May and June); A. W. Nourse, F. J. H. Martin, J. G. Taylor (June and July).

Obstetric Ward Clerks.—Messrs. A. Reid, H. Simson.

Obstetric Out-Patients' Clerks.—Messrs. J. M. Fortescue-Brickdale, P. W. Moore, J. G. Watt, E. W. S. Rowland (first half); W. T. Milton, J. E. Powell, W. S. Richardson, A. H. M. Saward, W. K. Wills (second half).

Aural Surgeon's Dresser.—Mr. R. Howard (May and June).

Assistant Surgeons' Clerks.—Messrs. E. H. Musgrove (Mr. Symonds): O. Marriott (Mr. Dunn).

DENTAL APPOINTMENTS.

The following gentlemen have been recommended for appointment by the Dental Council and approved by the House Committee:—

Assistant Dental House-Surgeons (for three months from April 1st, 1897).—Messrs. A. D. Hopkins, S. J. Redpath.

Assistant Demonstrator of Dental Microscopy (for Summer Session, 1897).—Mr. E. H. Musgrove.

Demonstrators in the Conservation Room (for six months, from April 1st, 1897).—Messrs. A. C. Carpenter, R. Umney.

Dressers in the Gas Room.—Messrs. J. K. Clark, D. P. Tracy, R. Umney, W. Wilmore.

Dressers in the Ordinary Extraction Room.—Messrs. A. A. Bartholomew, M. P. Nathan, L. C. A. Knight, A. L. Lambert, E. H. Musgrove, E. N. Mason.

CIVIL.

From the *London Gazette*, 19th March. His Royal Highness the Duke of York, has been pleased to make the following appointment:—

Alan Reeve Manby, M.D., to be Surgeon Apothecary to his Royal Highness at Sandringham.

Bevan, Richard, M.R.C.S., L.R.C.P. Lond., has been reappointed Medical Officer of Health to the Ashford Urban District Council.

Dunn, L. A., M.S., F.R.C.S., has been appointed Consulting Surgeon to St. Mary's Children's Hospital, Plaistow, E.

Farnfield, W. W., M.R.C.S., L.R.C.P. Lond., has been appointed Resident Medical Officer to St. Mary's Children's Hospital, Plaistow, E.

Lowe, P. R., has been appointed House Physician to the Leicester Infirmary, *vice* R. H. Fagge, appointed House Surgeon.

Manby, E. P., B.A., M.D., D.P.H., has been appointed Assistant Lecturer on Public Health in University College, Liverpool.

Sharp, A. J., M.D. Lond., F.R.C.S., has been appointed Honorary Surgeon to No. 2 Company of Whitby Boys' Naval Brigade.

SIMON, R. M., M.D. Cantab, F.R.C.P., has been appointed Professor of Forensic Medicine at Mason College, Birmingham.

TAYLOR, E. CLAUDE, M.D. Lond., F.R.C.S., has been appointed Deputy Assistant-Surgeon to the London Temperance Hospital.

MILITARY.

SURGEON-LIEUT. H. HEWETSON, has been transferred from the Curragh to Belfast.

From the Gazette's Special Pathologist.

NOTICES.

C. C. C., KENNINGTON.—The material removed from uterus consists of degenerated placenta, choroidaic villi, decidual tissue, and blood clot.

E. D. H. H., SHORTLANDS.—After incubation on blood serum, the resulting growth consisted of streptococci only. No Klebs-Löffler bacilli could be detected.

R. H. A., YORK.—This calculus consisted of almost pure triple phosphate crystals. There was a very slight admixture of neutral calcium phosphate.

W. E. A., WELLINGBORO'.—No tubercle bacilli could be found in the sputum. However you send up sputum please do not send it mixed with vaseline or other greasy material.

C. D. M., BOURNEMOUTH.—No tubercle bacilli could be found in the sputum.

E. R. M., HASTINGS.—A few tubercle bacilli are present in the sputum.

J. H. E., EASTBOURNE.—After incubation on blood serum the resulting growth consisted of staphylococci and a long slender bacillus. No Klebs-Löffler bacilli could be detected.

H. J. H., WANSTEAD.—*Specimen A.* Sugar was quite absent from this when received by us. Great numbers of putrefactive organisms were, however, present, and traces might have been destroyed. There is, at any rate, no evidence of any renal trouble as a consequence of the glycosuria. The deposit was free from casts and other renal elements; the centrifuge separated, in fact, nothing else but bacteria.

H. V. H., WANSTEAD.—*Specimen B.* The deposit consisted entirely of pus cells without any admixture. It is impossible to localize the origin of the pus, but the complete absence of renal elements or tube casts is against pyelitis of any long standing. On the other hand, the acidity of the urine and the practical absence of bladder epithelium suggests a local abscess rather than general cystisis. Tubercle bacilli are absent, but the urine contains abundant organisms, which somewhat resemble the bacillus coli communis. This might be the cause of the cystitis, but cultivation experiments are necessary for the proper identification of the bacillus.

PATHOLOGIST.

The Sorrows of Re-endowment.

SCENE.—*A certain office in the hospital. 10 a.m. Enter middle-aged gent., annoyingly cheery, who has subscribed a guinea, and had already called twice to see that his third letter of recommendation received particular attention.*

Gent. (familiarly): Good morning.

Secretary (wishing gent. elsewhere): How are you, sir? Can I do anything for you?

Gent. (optimistically, convinced that the problem of hospital finance has been solved for all time): Just a little matter. By the way, fine idea of the Prince's, this. Just what was wanted, eh?

Secretary (sadly, looking at watch); Yes, I suppose it will make a material difference to some of the smaller hospitals, at least.

Further explanations ensue.

At last, *Gent.* (considerately): Well, at any rate, it it a fine thing for you poor over-worked mortals.

Secretary (hopefully): Oh! How's that?

Gent. (with sympathetic enthusiasm): Well, you'll be able to shut up shop now that they are to do all the business for you.

Deep sigh from all inhabitants of the office. Explanation hopeless, so Secretary plunges into the "little matter," and manages to cram it all into half-an-hour's private interview.

Selections from Hippocrates.

III.

On Prognosis.—Acute pain in the ear, with continual and strong fever, is to be dreaded; for there is danger that the man may become delirious and die. Since, then, this is a hazardous spot, one ought to pay particular attention to all these symptoms from the commencement. Fever and delirium are less common in older persons, because in them the ears come to a suppuration before fever and delirium have set in, but at that period of life relapses are generally fatal. Younger persons die before the ear suppurates; only if white matter run from the ear there may be hopes that a young person will recover, provided other favourable symptoms exist as well.

Ulceration of the throat with fever is a serious affection, and if any other of the symptoms formerly described as bad be present the physician ought to announce that his patient is in danger. Those quinsies are most dangerous and most quickly fatal which make no appearance in the fauces, nor in the neck, but cause very great pain and difficulty of breathing; these induce suffocation on the first, second, third or fourth day. It is much less dangerous when the swelling and redness are determined outwardly: but if determined to the lungs they induce delirium, and a large percentage of these cases terminate in empyema.

S.

Sport.

Association Football.

GUY'S 1st XI. v. SURBITON.

Played at Surbiton on March 6th. A poor game resulting in a win for Surbiton by two goals to one. Team:—

Guy's.—M. S. Barker (goal); W. M. Robson and A. E. Longhurst (backs); R. W. Hall, M. H. Thornely, A. E. Crosby (half-backs); P. S. Mandy, J. M. Brydone, A. Hughes, L. Humphry, C. F. Whitcombe (forwards).

INTER-HOSPITAL CUP—FINAL TIE.
GUY'S v. LONDON.

Not many of those who went down to Leyton from the Hospital on Wednesday, the 17th inst., did so with the idea of enjoying themselves. It could have been nothing but a rigid sense of duty that induced some forty Guy's men to brave the elements on that day and support the Soccer team in its none too rosy chance, as it then seemed, of bringing back the Cup to its first resting place. However, the cheerless outgoing was followed by a right joyful return, and the "Pot" once more poses triumphant in our smoking-room.

Reverting to the game, when the County Ground was reached drizzling rain was falling, apparently in dead earnest, rapidly converting the pitch into a slippery mud pond, and when the captains came out to inspect it everyone thought they were in for another postponement. However, it was decided to make a start, and, seeing this, the rain fiend concluded that it was useless wasting further energy and promptly cut off the water supply, for which everyone was extremely thankful. Guy's won the toss and took the goal nearest the pavilion, and London kicked off amid the cheers of some hundred or more of their supporters. Guy's at once began pressing, and Hughes was within an ace of scoring in the first two minutes. Play for the first ten minutes was confined well within the London half of the ground, and Humphry twice tested Grogono, who proved equal to the occasions. Then London, by the superior combination of their forwards, worked the ball down, and, but for Longhurst's excellent tackling, would have been very dangerous. As it was, Barker had two or three long shots to deal with, which he did. Of course, the state of the ground necessarily made the play somewhat of the "kick and rush" order, but there were several pretty little bits of combination on both sides, and it was from one of these that Guy's obtained the only goal of the match. Thwaites, London's centre half, had the ball, but was dispossessed by McAlpin, who passed on to Hughes. The latter player, the London men afterwards said, was offside, but in our opinion, though it appeared a very close thing, the referee was quite right in disregarding the appeal. Hughes passed out to the right wing, and Mandy got past the back and shot, but as the ball was badly returned, Thornely was able, with a neat oblique shot, to score our goal. Resuming, London played up hard, but their work was neutralised by their inside right getting offside, and Guy's brought the ball up to the London line and forced a corner, which, though well taken by Crosby, was cleared. Following this Guy's kept up the pressure, but the shots put in lacked sting, and, consequently, were easily dealt with. Another corner to Guy's was followed by two to London, and play fluctuated considerably during the last quarter of the first half, and when the whistle sounded play was in neutral territory. Just previous to the interval a short stoppage had to be made owing to a slight mishap to the London right half-back.

For a long while in the second period, London, being now aided by the strong wind, had a lot the best of the exchanges. Though their forwards showed excellent combination, they lacked shooting power, and Longhurst and Robson, playing in excellent style, easily managed to keep them at bay. Wilson, however, put in a couple of nasty shots which Barker only saved on his knees, and was obliged to concede one corner, which, fortunately, went behind. Considerable superfluous energy was at this period being shown by both sides, and London were twice penalised. Hands against Guy's within the twenty-five line looked awkward, but McAlpin cleared nobly. Humphry and Mandy made occasional dashes into the enemies country, but, on the whole, we were at this period having a good bit the worst of the game, and it looked any odds on London equalising. However, our men played up splendidly, and with fortune not adverse, were able to keep a clean score sheet. London once, by the aid of H. Walker, got the ball past Barker, but he was obviously offside, and from the free-kick Thornely and Humphry took the ball right down to the London goal, and the latter had bad luck in banging the ball straight into Grogono's outstretched arms, and he punted away. The last few minutes produced very even play, and the whistle sounded with the ball in midfield, Guy's thus winning by one goal to nil.

Remarks.—Considering the weather and the deplorable state of the enclosure, a remarkably fast and interesting game was witnessed. Guy's had slightly the better of the first half, and this was especially noticeable during the first twenty-five minutes. London had all the best of the early part of the second moiety, and it was only in the last quarter of an hour that Guy's pressed at all severely. On the whole, London showed the better combination, especially forward, but their shooting was sadly at fault, and by dallying with the ball too long they were often deprived of it before they could shoot at all. Guy's played the game best suited to the day, and consequently just managed to pull it off. As regards individual play, Barker in goal played better than we have ever seen him. Though not having a great number of shots to save, yet, when the state of the ball and ground is remembered, and the easy way an apparently simple shot gets past on such a day, all will agree that he did wonderfully well in preserving his charge intact. Of the backs, Longhurst played the more

brilliant game, the ease with which he gave five yards and a beating to the opposing forwards being very comforting and amusing to the Guy's supporters during the second half. In kicking and tackling, too, he was in excellent form. Robson played a sound and useful game on the right, and with more "beef" behind his kicks will prove a first rate back for the team. Of the halves, McAlpin was obviously handicapped by his weak knee but made no mistakes and worked hard to the end. Hall played a neat and finished game all through, never losing his head, and combined well with his forwards. The same applies to Crosby, who though always giving away weight usually managed to keep the ball, and worked it to his side's advantage. Coming to the forwards, though all worked hard we must say we have seen them play better. The shooting was well directed but weak, and often the opposing halves were left unmarked and allowed to play about as they liked. In the first half, however, and just at the end, they showed very good form. Mandy and Hughes were perhaps the best. Humphry hardly did himself justice, being unwell, but he put in some excellent work at the end. Thornely and Whitcombe played up to form and were decidedly useful. Mr. H. Young, of the Referees' Association, wielded the whistle to the satisfaction of all. Team:—

GUY'S.—H. J. M. S. Barker (goal); E. A. Longhurst, R. W. Robson (backs); R. W. Hall, K. McAlpin and A. E. Crosby (half-backs); P. S. Mandy, M. H. Thornely (right wing); A. Hughes (centre); L. Humphry and C. F. Whitcombe (left wing) (forwards).

SURREY CHARITY CUP—FINAL TIE.
GUY'S v. REIGATE PRIORY.

This match was played on March 20th.

After winning the Hospital Cup, the final against "The Priory" was generally looked upon more as an outing for the team than a hard cup-fight—two at least of the team being palpably unfit.

The Saturday turned out a beautiful day and so encouraged numerous hospital supporters to wheel down, amongst whom we were glad to see a well-known member of the staff. These, in addition to those who went down by train, gave Guy's a goodish number of supporters. There was a capital gate, Reigate appearing to have turned up *en masse* to cheer on their favourites and "booh" at Guy's or the referee as occasion demanded. Reigate pressed hard at the start, and gave the "Long'un" some good shots to clear, and it soon became evident that Barker was in great form and Longhurst the reverse. Guy's raced down to Ibbs' charge and Hughes put in a shot which ought to have scored, but the ball hit the cross-bar and rebounded into play, only to be sent skimming over the bar by Mandy. The game raged fast, each side attacking strongly—Longhurst mis-kicking, let in the Reigate left-wing, who easily scored.

The second half was much the same as the first, the Priory having the best of the exchanges, though Ibbs had some very lively times, and the slightest luck might have given the Shield to Guy's. As it was, Houldsworth, Kirkpatrick and Ibbs were able to prevent any scoring by the Guy's men, and Reigate adding a pretty goal, due to some bungling among our defence, they left the field winners by two goals to none after a really first-rate game—a game which seemed to keep spectators brimfull of excitement, and allowed the more enthusiastic Reigate folk to return home knowing it would not be necessary to sell their households to redeem their bets. "What a grand game Barker played in goal" was the general comment after the match. Its the Long'un's last game as captain of the Guy's team, worse luck; the same remark applies to Crosby and Thornely, all three of whom will be "out of their year" next season. It was generally felt that Guy's lost mainly owing to Longhurst and Crosby not being up to their usual cup-tie form—but it was rather soon after Hospital Cup festivities to expect too much.

The forwards played hard individually, Whitcombe not showing quite his recent good form. McAlpin, Hall and Robson played hard and with more or less success.

After the game the team and some supporters spent a rattling good time at Dorking and Reigate, the Borough not being reached till the early hours. Team:—

GUY'S.—H. S. Barker (goal); W. M. Robson and E. A. Longhurst (backs); R. B. Hall, J. McAlpin and A. E. Crosby (half-backs); P. S. Mandy, M. H. Thornely, A. Hughes, L. Humphry and C. F. Whitcombe (forwards).

GUY'S 2ND XI. v. OLD FORESTERS 2ND.

The second eleven finished the season on Saturday, March 13th, by a good win over the Old Foresters 2nd, at Snaresbrook.

The game was started late owing to several Guy's men missing the train. The game was very even during the first quarter of an hour, Ash opening our account with a very hot shot. During the rest of the first half Guy's did most of the pressing and scored three more goals, owing to some pretty combination in the forward line, the homesters scoring twice.

Guy's played uphill during the second half, and consequently the game was more even. Thomas was beaten by a splendid shot from the left after a piece of scrambling play, and Guy's scored three times more, and although the homesters made some good rushes they were spoilt by bad shooting, Guy's thus winning by 7 goals to 3.

The combination of the whole team was very good, and the shooting was excellent. The outside forwards showed a good deal of pace and put in some good work. Further individual commentary is unnecessary, as every one played well. Goals by Ash, 4; Camps, 2; and Fremantle, 1. Team:—

GUY'S.—A. R. Thomas (goal); F. M. V. Smith, A Sub. (backs); A. Donston, D. G. Greenfield, G. Chandler (half-backs); F. E. Fremantle, A. A. Miller (capt.), J. Ash, G. W. L. Camps, R. M. Barron (forwards).

Rugby Football.

INTER-HOSPITAL CUP.—FINAL TIE.

GUY'S v. ST. THOMAS'S.

This match was played at Richmond on March 9th. Guy's were slightly favourites, as they had been doing very well this season, whilst, on the other hand, St. Thomas's had only won a couple of matches previous to the Cup-ties. The weather was fine, there being no wind, and the ground was in excellent condition.

Alexander won the toss; St. Thomas's kicked off from the entrance end, and the first scrum was formed in the Guy's half. The supporters of Guy's were frantic when it was found that their forwards were holding their own, and were able to obtain possession of the ball, which they continued to do for the first ten minutes; but although the ball came out on the Guy's side of the scrum, they were unable to get the ball away beyond the half-way line.

Rotherham was playing a very fine game, both in making openings for his three-quarters and in preventing the ball getting to our three-quarters. The St. Thomas's three-quarters were repeatedly dangerous, and on occasion Greg crossed our line but lost the ball, a minor being the result of a very fine piece of play. From the kick-out Guy's rushed down the field, and some very pretty passing took place between Alexander and Rae, but the St. Thomas's forwards got the ball away to our twenty-five, where Rotherham, coming away from the scrum, passed to Greg and transferred the ball to Sutcliffe, who easily got behind, rather wide out; Martin failed at goal. Guy's continued to defend, and if it had not been for the grand tackling of Alexander, who seemed ubiquitous, Guy's would have fared badly. Half-time was called with the scores, St. Thomas's, 1 try; Guy's, nil.

Goddard kicked off, and the ball remained in St. Thomas's twenty-five for some time; our forwards were playing a fine game, and seemed to be lasting better than their opponents, and gave their backs plenty of opportunities, of which they only on a few occasions took advantage, Rotherham upsetting Wetherell time after time before he could get the ball away. About ten minutes after the re-start, we came very near scoring. Alexander picking up very smartly, dodged several men, and made a splendid opening, but his final pass was not a good one, the ball only touching Rae's fingers, and a certain try was lost.

Guy's continued to press their opponents and seemed likely to score at any moment. From near the centre line Clarke took a pass intended for Greg and got down to Maggeridge, but his pass went astray, and in falling he unfortunately damaged his knee very badly and had to be carried off the field. Gardiner was now played on the wing, and Hunter took Clarke's place. Nothing noteworthy occurred before the end except a fine forward rush which took the ball over our opponents' line, and a race between Goddard and Greg ended in favour of the latter.

When the whistle sounded the ball was being gradually worked down towards the Guy's twenty-five. Final score, St. Thomas's 1 try to nil.

There is no doubt that the better team on the day's play won. Guy's did not play up to their form (except the forwards) and St. Thomas's played above their form.

Rotherham and Greg did great things, and without them St. Thomas's would have fared very badly indeed the former being by far the best man on the field.

Ransford, at full-back, played a very sound game, his tackling being very good all through.

Alexander was the best on our side, doing two or three men's work, his tackling being very safe, and his play full of dash. Hunter kicked very judiciously and tackled well.

Rae and Clarke did fairly well, the former having no chances given him.

Of the halves Wetherell was the better, but he was opposite a better man (Rotherham); he played very pluckily all through, his tackling being very good.

Of the forwards Goddard and Smith were very noticeable all through, their tackling being very typical of cup-ties, and showed plenty of dash. Bagshawe was very unfortunate to sprain his ankle soon after the start, but every one of them worked like Trojans against their bigger opponents, and it is perhaps hardly fair to single out anyone where all worked so hard.

It cannot be said of this team that there was a want of keenness; all had trained hard and were certainly in better condition than the St. Thomas's men.

RUGBY.—SEASON 1896-97.

Although the present season has been fairly successful, the "Hospitals' Desire" has not been won. After beating Middlesex and George's easily by 21 and 16 points respectively, we met Bart.'s, and had a good fight, as till ten minutes before time we were three points behind; however, we were saved by a splendid kick of Walker's from a penalty and just managed to draw. In the second match we made no mistake, and won by 13 points to nil. For the final with St. Thomas's, our chances were considered very good; we were, however, beaten by a try to nil, and our hopes were once more dashed to the ground. In club matches we have had a fair amount of success, but the team has shown very in-and-out form, as the two Lennox and Kensington matches show, though this has been partly due to injuries, of which, with the usual luck, we have had more than our share. The best performances have been a draw against the Harlequins, one goal and one try each, and good wins against Croydon, Marlborough Nomads and Kensington. We went down badly to Cambridge and Richmond.

Tries have been scored by Rae, 14; Alexander, 7; Clarke and Wetherell, 5 each; Gardiner, 4; Walker and

F. S. Hunter, 2 each; and Goddard, Bagshawe and Morgan, 1 each. Alexander and Clarke have each dropped a goal.

The place kicks have been taken by T. Morgan, kicked 7, missed 5; K. B. Alexander, kicked 7 and a penalty goal, missed 7; F. E. Walker, kicked 3 and a penalty goal, missed 11.

The season has certainly been a great improvement on last, and as all the team, with the exception of Alexander, who will be very much missed, will be available next year, we may still live in hopes of seeing the Cup before we die.

The result of the matches, including three with St. Thomas's, is as follows:—Played, 26; won, 10; lost, 12; drawn, 4. For—22 goals and 27 tries=187 points. Against—20 goals and 26 tries=177 points.

Excluding the three matches with St. Thomas's we have a better record. Won, 10; lost, 9; drawn, 4. For—22 goals and 25 tries=181 points. Against—17 goals and 19 tries=141 points.

		FOR.			AGAINST.		
	RESULT.	Goals	Tries	Pnts.	Goals	Tries	Pnts.
v. Blackheath	Lost ...	0	0	0	2	0	10
v. Lennox	Won ...	3	0	15	0	0	0
v. Cambridge	Lost ...	0	1	3	5	1	27
v. Old Leysians ...	Won ...	2	1	13	0	0	0
v. Croydon	Drawn	0	0	0	0	0	0
v. Cardiff	Lost ...	0	0	0	0	4	12
v. Penarth	Lost ...	0	2	6	1	3	14
v. Rosslyn Park ...	Lost ...	1	0	4	0	2	6
v. East Sheen	Drawn	0	0	0	0	0	0
v. Wickham Park ...	Won ...	1	1	8	0	0	0
v. Lennox	Lost ...	0	0	0	1	2	11
v. Old Merchant Taylors	Won ...	2	0	8	0	1	3
v. Coventry	Lost ...	0	2	6	1	1	8
v. Catford Bridge ...	Lost ...	0	1	3	1	1	8
v. Croydon	Won ...	0	5	15	0	1	3
v. Harlequins	Drawn	1	1	8	1	1	8
v. Marlborough Nomads	Won ...	1	5	24	0	0	0
v. Kensington	Lost ...	0	0	0	1	1	8
v. Leicester	Lost ...	0	1	3	1	4	17
v. Kensington	Won ...	4	1	22	1	1	8
v. Middlesex Hospital ...	Won ...	3	2	21	0	0	0
v. St. George's Hospital	Won ...	2	2	16	0	0	0
v. St. Bart.'s Hospital ...	Drawn	0	1	3	0	1	3
v. St. Bart.'s Hospital ...	Won ...	1	3	13	0	0	0
v. Richmond	Lost ...	0	0	0	5	1	28
v. St. Thomas's Hospital	Lost ...	0	0	0	0	1	3

Honour caps have been awarded to F. C. Wetherell and F. G. Gibson.

CHARACTERS OF 1ST XV.

Full Back.—A. C. RANSFORD has occupied his position in all the 1st XV. matches with considerable credit. He picks up very cleanly, punts and tackles well, but wants more pace.

Three-quarter Backs.—F. L. RAE has improved very much this season both in attack and defence. He is fast and as a rule takes the ball well, but has a tendency to over-run his pass.

H. N. CLARKE never, I fancy, quite got over the accident to his knee before Christmas, and has never since then been up to form. His attack has been very much better than his defence. I hope he will make a speedy recovery from his mishap in the St. Thomas's match.

K. B. ALEXANDER has always shown a good example in keenness, and has filled his position of captain with great success. His kicking and tackling have been the mainstay of the team.

F. S. HUNTER plays a good sound game. He is always cool, and knows what he is about. He punts exceedingly well.

Forwards.—E. G. GODDARD has led the forwards the greater part of the season. He plays a good hard and somewhat pugnacious game, and is generally on the ball when fit.

F. G. GIBSON is an honest hardworking scrummager; very keen. To him the second honour cap has been awarded.

J. N. GARDNER is always very fit. He is undoubtedly the best forward we possess in the loose or out of touch.

H. V. BAGSHAWE has played well this season. He is very fast in the loose and always follows up hard.

E. COHEN is the heaviest man in the team; shoves well, and is fast in the loose.

TRAIL plays a very good all-round game. He does a lot of good hard work in the scrum, and is also good in the loose. Unfortunately he has been frequently hurt and unable to play.

A. A. SMITH works well and breaks away quickly from the scrum when the ball is out. He wants to practice dribbling.

WALL is a strongly-built freshman, and should next year make a good player.

Half-backs.—F. C. WETHERELL plays a plucky and brilliant game at times. He is the best half we have had at Guy's for some years, and has done invaluable service this season. To him the first honour cap has been awarded.

F. E. WALKER has played a very creditable game on the whole, considering that this was his first season of Rugby football, and will, I hope, with the experience gained do well next season. At present, however, he does not quite grasp where to take up his position and when he must fall back. He dribbles well and kicks well.

Cricket.

At the General Meeting of the cricket club, held on March 19th, the following officers for 1897, were elected. President: W. A. Brailey, Esq., M.D. Captain 1st XI.: F. J. Nicholls, Esq. Vice-Captain: K. B. Alexander, Esq. Hon. Sec. and Treas.: A. E. Clarke, Esq. Committee: F. C. Wetherell, F. E. Walker, L. Humphry, E. G. Goddard. Captain 2nd XI.: F. E. Walker, Esq

The Pavy Gymnasium.

THE seventh annual competition in boxing, fencing and gymnastics was held on Wednesday and Thursday, March 10th and 11th. The boxing competition took place on Wednesday, March 10th, and was a great success, although there was a comparatively small audience. The following is the order in which the various contests took place:—

1. Kinsey-Morgan beat Greenfield who made a very creditable stand against his skilful opponent.

2. Pern tackled Dudley with success. This was a much more even contest than the last.

3. Mossop gained a victory by beating Matthews. Mossop kept his man close to the ropes and showed considerable skill in defending himself.

4. Austin-Powell boxed with Stoehr, who made a very good stand against our old boxer, and obtained a credit able win.

The first part of the entertainment concluded by a spar between Joe Johnson of Walworth and Bill Feilden of Bermondsey. The two lads made a very fair show.

After a short interval the finals were boxed off in the following order:—

1. Kinsey-Morgan beat Mossop, and thus gained the first prize for middle weight.

2. Pern won the first place for the light weights by beating Stoehr—this was the most exciting contest of the evening. Stoehr deserves great credit for the plucky and good-natured way in which he stood up to Pern. We hope Pern will score for us again at the "inter-hospital."

The evening was concluded by an exhibition spar between P. Henry and R. V. Jones.

The gymnastic and fencing competitions were held on the night of March 11th, when Dr. Pavy, F.R.S., kindly presided over the evening's entertainment.

Stormy weather preceded and lasted through the evening, in consequence of which the house was not a full one, but for all that many members of the staff and a good number of ladies were present. The competitors were arranged in three squads as follows:—

1. B. F. Henry (leader), F. C. Robinson, F. A. Beattie, P. W. L. Camps.

2. E. Roberts (leader), F. M. Ommanney, —. Pearson, D. L. Morgan.

3. W. S. Richardson (leader), E. W. H. Shenton, W. E. Plummer, L. Pern.

The competition comprised exercises on the horizontal bar, parallel bars, horse and rings. Much good work was done all through the evening, especially by the three leaders, Henry, Roberts and Richardson. When the scores were added up it was found that squad 3 (Richardson's squad) took the first place, separated by one mark only from squad 2 (Robert's). In individual scores, Richardson was first with a score of 51 out of a possible 66, a decidedly good score considering what a high standard of excellence is required by Mr. McWhirter, who kindly acted as judge. Roberts and Henry followed next in order. Mr. George Rudd gave two wonderful displays of fish-globe and Indian club swinging to music, and gained for himself the applause he most heartily deserved. The fencing competition was won by Mr. G. E. Duncan. The order was as follows:—

1. G. E. Duncan v. W. A. Cole. Duncan won somewhat easily.

2. A. H. Kirkman v. E. W. H. Shenton. Kirkman won; this was a very even contest.

3. R. S. Roper v. N. F. Tichurst. Roper won.

In the finals, Duncan, with his usual adroitness, put his opponents hors-de-combat; he thus secured the first place, Roper being a good second.

An exhibition display of boxing was provided by Kinsey-Morgan and Beattie, consisting of three rounds, which were briskly fought, Kinsey-Morgan displaying that skill which brought him success on the previous evening.

At the termination of the display Dr. Pavy proceeded to distribute the prizes he had so kindly provided for successful competitors. A vote of thanks to the president (Dr. Pavy) was proposed by the hon. sec., Mr. W. S. Richardson, and seconded by Dr. J. Fawcett, followed by three hearty cheers. Dr. Pavy responded by a short speech which was brimming over with kind feelings and suggestions to those present; he also referred to the work being carried out by the allied institution at Guy's, especially mentioning the "Disguysed Minstrels." Further votes of thanks, which took the form of cheers, were accorded to the judge, Mr. McWhirter, the instructor, Staff-Sergeant J. Young, and lastly, but not least, the hon. sec., Mr. W. S. Richardson.

Guy's Hospital Athletic Club.

The General Meeting was held on March 18th, Mr. H. T. S. Bell kindly took the chair in the absence of Mr. Lucas. The following officers were elected:—President: Mr. Clement Lucas. Secretaries: Messrs. Watson and Baker. Committee: Messrs. Willan, Grey, Trail, Beale-Browne, Barron, Higgens, Fremantle, F. E. Walker, Balderstone, Longhurst and Batchelor.

ACKNOWLEDGMENTS, WITH THANKS:—St. Thomas's Hospital Gazette; Treatment; Medical Pioneer; Hospital; Pediatries.

Births.

BRYANT—On March 8th, at 9, Coburg Terrace, Anlaby Road, Hull, the wife of W. A. Bryant, M.B., C.M., of a daughter.

COLLEY—On March 15th, at Ladismith, Cape Colony, South Africa, the wife of Courtenay R. Colley, M.R.C.S., L.R.C.P. Lond., of a daughter. (By telegram.)

DALDY—On March 16th, at 6, Springfield Road, Kingston-on-Thames, the wife of Arthur M. Daldy, M.D., F.R.C.S.

LATIMER—On February 28th, at St. Helen's Road, Swansea, the wife of H. A. Latimer, of a son.

ED.—F. E. F.

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Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied by the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the Gazette *bound should leave them with the Librarian.*

The annual Subscription to the Gazette *is* 6s. 6d.; *post free,* 7s. 6d. *All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Secretary's Office, Guy's Hospital.

The charge for binding in blue, with the Arms of the Hospital in gold, will be One Shilling and Sixpence.

Calendar of Coming Events.

April.

Sat. 10.—Mr. Howse's take-in; Ds. J. H. Jones and E. C. Davies; Cl. J. O. Garland.

Sun. 11.—7 p.m., preacher, The Chaplain.

Mon. 12.—Durham Second M.B. Exam. begins.

Tues. 13.—Second Part Camb. D.P.H. Exam. begins.
8 p.m., preacher, Rev. R. B. Harrison, Vicar of All Saints', Surrey Square, S.E.

Wed. 14.—Mr. Davies-Colley's take-in; Ds. R. Fell and F. H. R. Heath; Cl. E. Ivens Spriggs.

Fri. 16.—Good Friday. Medical Office closed.

Sun. 18.—Easter Day. 7, 8.45, 11 a.m., and 7 p.m., Services in Chapel.

Mon. 19.—Easter Monday. Medical Office closed.
7 a.m., Early Service in Chapel.
Durham Third M.B. Exam. begins.

Tues. 20.—7 a.m., Early Service in Chapel.

Wed. 21.—Last day for sending in Fees and Certificates for Third M.B. Camb.
Mr. Lucas's take-in; Ds. G. E. Richmond and W. J. Milton; Cl. J. N. Gardiner.

The Sacristan will be glad of any offer of flowers, moss or ivy, for use in decorating the Chapel at Easter.

Guy's Hospital Gazette.

APRIL 10, 1897.

Hydatid of the Liver.

CLINICAL LECTURE BY DR. GOODHART,
On Saturday, March 6th, 1897.

Gentlemen,—Before dealing with the subject of hepatic abscess pure and simple, I will first comment upon the report of the case of suppurating hydatid cyst in the liver that suggested it. A man of thirty-one, was admitted for "acute hepatitis, probably with hepatic abscess." That diagnosis was made for the reason that the patient had lived for four years in India, where he had the usual complaints, jungle fever and malaria. He had been home since 1888, and, with the exception of his Indian disorders, he had always had good health. He was first ill in November, 1896. The symptoms were a feeling of tightness in the stomach and vomiting. He had been slightly jaundiced for nearly a month when seen by Dr. Percy Kingsford, of Sunbury, and had clay-coloured stools. Clearly there was some biliary obstruction. He was put to bed and instructed to feed only on slops. On the Tuesday after Christmas he had a similar attack, and was again treated with bed and light diet. A few days before admission he had a third attack, and went to bed. This time he had a bilious vomit every three or four days throughout January.

A note in the report says that "attempts to take liquid food cause vomiting. The vomited matter tastes like rotten eggs."

A few days after admission he began to have shivering fits; he had lost weight to the extent of twenty-eight pounds.

"No definite evidence of hepatic abscess. Temperature 99·2°, respiration 18, pulse 128."

On admission he appeared emaciated, and looked sallow and extremely ill. The lower part of his right chest was occupied by a swelling, extending to the left of the middle line. The chest wall was bulged over it, and there was a tympanitic note on percussion. The liver dulness marking the left lobe was below.

Above the area of resonance was another area of hyper-resonance, extending to the right second rib, and evidently not of a normal pulmonary character.

It is usually taught that a skodaic note at the apex of a lung is suggestive of fluid at its base, and so it is. But it sometimes indicates solidification of one or other part of the lung

on that side—it sometimes even is caused by disease on the opposite side, because of a disturbance of the normal balance of the organs in the chest. You may get it in pneumonia, or under any circumstances in which the volume of air in the lung is diminished. In this case it probably denoted impairment of breathing power in the right lung from upward pressure below the diaphragm.

There was deficient entry of air into the right lung. On manipulation the patient complained of tenderness over the bulge. Auscultation gave only negative results.

The liver was found tender on percussion. The liver dulness was normal. The chest was found to be normal behind, and the urine was normal. He was troubled with hiccough, which was treated by administration of Aqua Menth. Pip.

The patient was admitted under Dr. Pitt, and at the first onset the chief obvious physical condition appeared to be a dilatation of the stomach, the stomach being pushed upward. To test the accuracy of this view, and to see whether the gastric contents were passed on, ten grains of Salol were given. When the urine was tested only a negative result was obtained, no salicyluric acid being found. It was therefore concluded that the pylorus was obstructed. This test is based on the latest views of physiologists, that the stomach has no absorptive power. For my own part I am inclined to doubt whether such an organ as the stomach can be so frankly passive to absorption as this would imply. But there is no doubt plenty of clinical evidence that fluids remain a long time in the stomach without being absorbed; and then, on the other hand, you have the urinary bladder, an animal membrane in which, *á priori*, one would have supposed that osmotic currents at anyrate would be likely to occur, and which nevertheless resists the absorption of its own contents—and appears to be very little liable to the appropriation of drugs.

As to the treatment of this man. He was fed by means of nutrient enemata every four hours, and was given an injection of morphia. He was sick four times the next morning, and the vomit is described as very foul, ʒ iij. in bulk, and smelling of rotten eggs; and it was noticed that after the vomiting the tympanitic swelling below the ribs disappeared. Probably the cavity in the liver, which was subsequently established, was cleared out by the vomiting. Dr. Pitt now diagnosed the condition as a subdiaphragmatic disease, probably abscess. The next and final step in the diagnosis was arrived at by a microscopic examination of the vomited matter, which revealed hydatid hooklets. The vomit was acid, and contained bile, granular débris, these hooklets, and questionable fragments of the cyst wall. From this evidence the diagnosis was made of suppurating hydatid cyst, and it seemed probable that it had opened into the stomach; but Mr. Jacobson objected to this, on the ground that abscesses, etc., seldom open into that viscus, because of the mobility and frequent change of position and shape of the stomach, and this deduction, from experience, proved to be true for this case. No active steps were taken at this stage; but cyrtometric measurements were directed to be made, to gauge any alterations that might take place in the shape of the affected parts. I may, perhaps, say in passing, I do not consider this method to be of much value, because although, as is commonly the case, the two sides of the chest are looked upon as separate, they are by no means really so. When one side becomes diseased, the other side accommodates to suit the altered circumstance, and the spine rotates. Besides this, there is a large margin for mistakes, in bulging of muscle, as well as inaccurate *fitting* of the cyrtometer to the surface, so that judgment by the eye is better than any measurements, even than those taken with the tape. The tracings in this case do not all show any appreciable bulging, and one, I observe, has got a distinct bulge on the wrong side.

As the hiccough was still troublesome, the man was put on creasote, and ordered peptonised milk.

The next note in the report states that a succussion splash was heard in the area of tympanitic resonance.

The question of dilated stomach again came in, though after-events negatived it. About the same time a pleuritic rub was heard, and somewhat later the resonant area moved slightly upwards and outwards.

Mr. Jacobson now saw the patient again, and operated. A.C.E. and ether were administered, and an incision made in the abdominal wall four inches in length downwards from the xiphoid cartilage. The abdomen being opened, the liver was explored with the hand, and beyond a slight roughness of surface, nothing definite was made out. Puncturing gave a negative result. The stomach was normal.

Mr. Jacobson noticed that the punctures which he made in the liver were dry, no blood following the withdrawal of the exploring needle; the explanation of this phenomenon

probably being that pressure from within was rendering the organ anæmic. The abdominal wound was closed, and the thorax punctured in four places, one being over the dull area in the mid-axillary line. From one of the punctures in the resonant area pus was withdrawn.

A portion of the fifth rib not far from the nipple was resected. In doing this the pleura was opened, and a pneumothorax resulted, the lung being seen to collapse. A needle was thrust through the diaphragm and pus was found, but inasmuch as the pleura was open, it was thought best to wait for adhesions to form before proceeding further. The patient was much collapsed after the operation, and was sick for a protracted period. The administration of iodine did little to relieve the latter symptom, though it is extremely useful in various forms of vomiting, the sickness of pregnancy amongst the number.

The patient got no fever, but the sickness continued, and altogether he did not do at all well. It became a question as to the advisability of further operative measures. He was left alone for a few days longer, though going downhill fast, but, in spite of the fact that none of the necessary adhesions had formed round the wound in the pleural sac, something at last had to be done. The swelling had gone down, the contents of the cavity having been discharged by vomiting on the previous day. The patient was so low now that it was decided not to employ an anæsthetic, and Mr. Jacobson passed a trocar and canula from above through the diaphragm. Fœtid gas escaped from the canula, followed by a foul yellow fluid when the patient coughed. A drainage tube was inserted. The patient died a few hours later.

At the autopsy an abscess cavity, filled with blood, was found in the right lobe of the liver. It is worth noting that the walls of hydatid cysts and of abscesses in the liver tend to bleed very freely, so that it is as well not to do too much surgically beyond providing free drainage. The coarse anatomy in this case seemed at first sight to indicate the existence of a simple hepatic abscess, for no hydatid membranes were discovered, and when a tænia solium was afterwards found in the small intestine, I was rash enough to suggest that the hooklets from its head had got into the stomach, and hence their presence in the vomit. But Dr. Pitt was not able to accept this explanation. He declined to make a single tænia responsible for the large number of hooklets which, to judge from those present in one drop of fluid under the microscope, must have been present in the vomit, and I now think that the abscess was a single hydatid cyst in the right lobe of the liver, the wall of which had become disintegrated and completely discharged in the course of the several periodical discharges into the intestine that, the clinical history seems to show, had occurred. It was found that the cyst had opened into one of the large bile ducts, whence its contents could easily pass into the intestine. Although in this case there is no record of complete cysts being found in the vomit, yet it is a fact that daughter cysts, often as large as grapes, will make their way through very small passages. This is so when an hydatid opens into the lung and the contents are coughed up. When a hydatid cyst suppurates, the cyst wall may disintegrate rapidly, although it is but seldom, I think, that one is found in which all obvious trace of the hydatid membrane has so completely disappeared as in this case.

It is curious, too, that this man was host to the hydatid of the tænia echinococcus and to the mature worm of the tænia solium.

One word as to the character of the fluid discharged from suppurating hydatid cysts, in this case forming the vomit. In my experience it is not generally at all like ordinary pus. It is thin, has a peculiar fœtor, aptly compared to that of rotten eggs, and is stained yellow owing to the presence of bile. And there is, perhaps, a corresponding clinical peculiarity—for a suppurating hydatid in the liver does not usually, I think, give rise to the severe hectic fever that an hepatic abscess may be expected to do.

The contents of a suppurating hydatid cyst often contain bile, and it is, perhaps, the escape of bile underneath the cyst wall that irritates the surrounding tissues sufficiently to lead to the shelling out of the cyst. I incline to think that when an hydatid of the liver opens into the lung and bile is expectorated along with the parasite, there is an added risk. At any rate I remember a case where this happened, and where an unhealthy pneumonia was set up and led to the death of the man. I have, however, known such a case get well. A biliary fistula, too, discharging upon the surface of the skin, will often irritate the skin so much, and produce so much warty granulation, that the sufferer's life becomes utterly miserable.

The death by an hydatid in the liver would seem to be mostly compassed either by the escape of bile into the cysts, or they may grow too fast and get over-crowded, or the wall of the sac may become calcified. Hydatids of the

liver, perhaps, most frequently evacuate themselves spontaneously through the lung; it may be by the bowel or abdominal wall. The hydatids rarely make their way into the stomach. When they open on to the abdominal wall, I have seen them lead to a very extensive brawny œdema, not associated with any very severe constitutional reaction; another point in favour of what I have already said, that hydatid "pus" does not seem to be of so septic a character as other pus.

Hospital News.

CLASSIFIED LIST OF CASES.

In the Medical Wards.

Circulatory System.

Mary	7, 18.	Mitral regurgitation.
	11.	Ulcerative endocarditis. Pulmonary regurgitation.
	14, 26, 38, 48.	Mitral stenosis and regurgitation.
	43.	Anæmia.
	45.	Aortic and mitral stenosis and regurgitation.
Philip	17.	Mitral stenosis and regurgitation. Pulmonary regurgitation.
	38.	Aortic and mitral regurgitation.
Stephen	22.	Aortic and mitral regurgitation.

Nervous System.

Mary.	2.	Sarcomatous tumour of brain.
	3.	Peripheral neuritis.
	13.	Sciatica.
	19.	Paralysis left arm. Old cerebral hæmorhage.
	28.	Left hemiplegia.
	32.	Chorea.
	36.	Peripheral neuritis.
	46.	Disseminated sclerosis.
	51.	Paralysis of left arm and leg.
Philip	9.	Spastic paraplegia.
	25.	Tuberculous meningitis.
Stephen	2, 9.	Chorea.
	4.	Chronic myelitis. Lateral sclerosis.
	12.	Double abductor paralysis.
	23, 30.	Locomotor ataxy.
	24.	Diphtheritic cases.
	29.	? Dissiminated sclerosis.

Alimentary System and Abdomen.

Mary	1.	Gingivitis and glossitis.
	4.	Malignant peritonitis.
	6.	Gastritis.
	8.	Ascites. Enlarged liver and spleen. Syphilitic cirrhosis.
	9.	Ascites. ? Cirrhosis of liver.
Mary	15, 16, 39, 40.	Gastric ulcer.
	20.	? Abdominal growth and aneurysm.
	33.	Ascites. Cirrhosis of liver.
	42.	Jaundice. Malignant disease.
Philip	1.	? Carcinoma of stomach. 2nd carcinom of liver.
	8.	Abdominal abscess. Parotitis.
	10.	Colitis.
	14, 36.	Typhoid fever.
	20.	Dilated stomach.
	31, 40.	Appendicitis.
	34.	Tuberculous peritonitis.

Genito-Urinary System.

Mary	25.	Diabetes.
Philip	7.	Chronic tubal nephritis.
	13.	Diabetes mellitus.
	29.	Chronic nephritis. Diabetes.
Stephen	6.	Diabetes.
	11.	Chronic interstitial nephritis.
	13.	Chronic tubal nephritis.
	18.	Acute nephritis.
	33.	Hæmaturia.

Respiratory System.

Mary	5.	Collapsed lung.
	21.	Pleuritic effusion.
	Cot 56.	Phthisis.
Philip	3.	Phthisis. Tuberculous left knee and testicle.
	6.	Pyo-pneumothorax.
	18.	Chronic bronchitis.
	23.	Bronchorrhœa.
	32.	Pneumothorax.
	37.	Pleuritic effusion.
Stephen	1, 10.	Lobar pneumonia.
	39.	Phthisis.
	40.	Empyema.

Miscellaneous.

Mary	23.	Osteo arthritis.
Philip	5, 14, 36.	Acute rheumatism.
	11.	Lupus vulgaris.
Stephen	21.	Plumbism.
	26.	Gonorrhœal rheumatism.

In the Surgical Wards.

Cases under Mr. Howse.

Naaman	7.	Chronic osteitis of femur. Knee swollen.
	13.	Varicose veins.
Charity	8.	Strangulated femoral hernia.
	9.	Abscess of chest wall.
	20.	Tuberculous elbow-joint.

Cases under Mr. Davies-Colley.

Lydia	9.	Rachitis. Genu valgum.
	19.	Tuberculous tarsus. Syme's amputation.
	21.	Chronic osteitis of tibia.
	Cot.	Hare-lip and cleft palate.

Luke	3.	Inguinal hernia.
	5.	Anal ulcer.
	7.	Hæmaturia.
	14.	Imperfect descent of testicle.

Cases under Mr. Lucas.

Lydia	10.	Adenoma mammæ.
	12.	Compound comminuted fracture of tibia and fibula.
	13.	Recurrent glands in neck and axilla. ? Sarcoma.
	15.	Uterine fibroid.
	16.	Carcinoma mammæ.
Job	4.	Strangulated inguinal hernia.
	16.	Carcinoma recti.
	18.	Epithelioma linguæ.
	23.	Fistula in ano.
	24.	Varicocele.
Charity	1.	Strangulated femoral hernia.
	2.	Compound fracture tibia and fibula.
	21.	Bullet-wound of neck.

Cases under Mr. Golding-Bird.

Accident	9.	Fractured sacrum.
	11.	Fractured patella.
	21.	Bullet-wound of thigh.
Cornelius	3.	Fractured femur.
	16.	Cut-throat.
Martha	3.	Bullet-wound of face.
	4.	Hip-joint disease.
	7.	Malignant growth invading anus.
	8, 19.	Fractured patella.
	9.	Carcinoma mammæ.
	Cot.	Rachitis; bowed tibiæ.
Lazarus	4.	Cyst at back of neck.
	8.	Spinal caries. Paraplegia.
	10.	Chronic synovitis of knee-joint.
	13.	Prostatitis.
	14.	Epithelioma linguæ.
	15.	Reducible inguinal hernia.
	17.	Varicocele.
	18.	Double hydrocele.
	21.	? Cyst in neck.

In the Post-Mortem Room.

A Case of Aneurysm of the Descending Thoracic Aorta, simulating Hypertrophy of the Right Ventricle.

A man, æt. 47, was admitted on March 5th, 1897, for pains in the left side of his chest, weakness, dyspnœa, and difficulty in swallowing. He generally had a cold every winter. Ten years ago he had rheumatic fever, and small-pox a year ago. In the beginning of February last he took to his bed for a bad cold, but caught a fresh one on getting up, and had been gradually getting worse.

On admission.—His pulse was 103, soft and regular, temperature normal, and respirations 28. His face was flushed, and there was marked pulsation of the vessels on the right side of his neck. No œdema of legs. There was pulsation in the epigastric angle, and also in the 5th and 6th left spaces, an inch external to nipple. Dulness extended about an inch and a half outside the left nipple line above, along the third rib, and into the 6th, 5th and 4th right spaces for about an inch and a half to the right of the mid-sternal line. Round this area there was an area of impaired resonance. On auscultation, a systolic bruit could be heard over the tricuspid area, and râles in the right lung. Liver edge could be felt at the umbilicus.

On March 6th, venesection was performed, and eight ounces of blood were drawn from him, and on the next day he died suddenly, after coughing up about a pint of blood. There was some dulness at the right base, but no pulsation or bulging. No bruit was heard behind, but there was a deficient entry of air over the dull area.

At the autopsy.—The œsophagus was thickened, the right lung œdematous, and its base filled with blood. There was acute pericarditis with effusion, but the valves were quite healthy. The aorta was atheromatous, and just above the diaphragm was a sacculated aneurysm, about the size of a cricket-ball, which had come forward and pushed the heart to the left, and had ruptured into the base of the right lung. It was this that had caused the dulness, thought to be due to an enlarged right side, and had pushed down the liver, thus serving to strengthen the opinion that the case was one of mitral stenosis with backward pressure, giving rise to hypertrophy of the right ventricle. The patient had complained but slightly of dysphagia.

A Case of Death at Three Months, with very rudimentary Left Auricle and Ventricle.

An extremely curious malformation of the heart was found in a child, aged three months, which died two hours after admission into the hospital, of collapse. Both aorta and pulmonary artery opened separately into one large right ventricle, the aorta coming off from the right side and the pulmonary artery from the left. Just below the aortic orifice a small circular opening was found in the posterior wall of the right ventricle, which communicated with a small left ventricle, which was situated to the extreme left of, and also a little posterior to, the large right ventricle. Another small communication between the ventricles was found in the lower part of the septum ventriculorum. This left ventricle was very small and rudimentary, and appeared to be functionless; neither auricle opened into it, and, as above stated, the aorta did not arise from it. There were two auricular appendices, one on the left and one on the right; there was, however, only one auriculo-ventricular opening, and that was between the right ventricle and this large double auricle, into which both pulmonary and systemic veins opened. Posterior to the left appendix, and slightly overlapping the left ventricle, was a small thin-walled sac, which was thought to be a rudimentary left auricle. It communicated with the

large auricle by means of a fairly large circular opening, about three-eighths of an inch in diameter, and with the rudimentary left ventricle by a very small opening.

The heart practically consisted of one auricle and one ventricle.

Selections from Hippocrates.

IV.

On Prognosis.—Respecting movements of the hands, I have these observations to make: When in acute fevers, pneumonia, cerebritis, or headache, the hands are waved before the face, hunting through empty space, as if gathering bits of straw, picking the nap from the coverlet, or tearing chaff from the wall—all such symptoms are bad and deadly.

Respiration, when frequent, indicates pain or inflammation in the parts above the diaphragm.

Convulsions occur to children if acute fever be present, and the belly constipated; if they cannot sleep, are restless and moaning, changing colour and becoming green, livid or ruddy. These complaints occur most readily to children from infancy up to the seventh year; older children and adults are not so liable to be seized with convulsions in fevers, unless ushered in by the strongest and worst symptoms, such as occur in brain fever. One must judge of children as of other patients, who will die and who recover, from the symptoms as a whole, as they have been described in detail.

These things I say respecting acute diseases, and the affections which spring from them. He that would know correctly beforehand who will recover, and who will die, in what cases the disease will be protracted for many days, and in what cases for a shorter time, must be able to form a judgment from all the symptoms put together, and estimating their influence by comparison with one another. One should also take into account the prevalence of epidemics and the time of year.

One must likewise be familiar both with particular signs and symptoms in general, and remember, that in every year and at every season, bad symptoms forebode ill, and favourable symptoms good, since the aforesaid symptoms appear to have held true in Libya, in Delos, and in Scythia; from which it may be known that, in the same regions, there is no difficulty in attaining a knowledge of many more things than these, if, having observed them, one can only judge and reason correctly from them.

S.

Keogh Presentation Fund.

Eighth List.	£	s.	d.
F. H., Cape Town, S. Africa	1	1	0
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H. P. O. M., Faversham	0	10	6
G. T. S. S., Malta	0	10	0
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E. I. S., Guy's Hospital	0	2	6
R. P. R., Guy's Hospital	0	2	6

Some new points connected with Cocaine and Eucaine Anæsthesia.

Various are the experiences of operators who use cocaine to produce local anæsthesia. It has been usual to employ a two per cent. solution of the hydrochlorate on the recommendation of Reclus, and to inject up to one grain of the salt around the tumour or region of incision. Many have praised the results so obtained, while others have been disappointed by the apparently partial anæsthesia obtained, or warned off by serious cardiac symptoms which have appeared with one grain of the salt.

Eucaine, a synthetic compound, has lately been introduced. It has an advantage over cocaine in that it is said not to decompose on boiling, and to be less toxic in its action, no untoward event having followed a dose of 30 grains.

The received properties of cocaine, are that in small doses the action is local, and causes loss of sensation, while with larger doses motor nerves are paralysed. This drug also produces a rise of temperature (Hale White).

Minute doses act as a stimulant to the nervous system, allowing of increased mental and bodily fatigue. Continuous or excessive use of the drug brings about signs of functional degeneration; while an acute poisoning by cocaine is characterised by temporary exaltation, followed by collapse and death.

It is the object of this note to call attention to the effect of these drugs on sensory nerves.

As mentioned previously, books on anæsthetics consider the action of cocaine local. Its action is local, indeed, but the effects in all cases reach farther afield. These effects of eucaine and cocaine are similar as far as my experiments go; eucaine has a more powerful and sustained action than cocaine, while its non-poisonous properties allows eucaine to be pushed. The results obtained in a few experiments I have made in water, show that not only the nerve fibrils, but any nerve and trunks which are penetrated by these drugs are affected after the manner of a "block."

This is so marked that half a grain or one grain of Eucaine Hydrochlorate dissolved in 12 minims of water, injected into the subcutaneous tissue of the forearm, will demonstrate a distal band of anæsthesia one-and-a-half inch broad by four to six inches long, which maps out the distribution (not overlapped) of the nerve bundles and fibres which have been affected by the eucaine. This anæsthesia stops abruptly at the proximal limit of the injection, œdema resulting from the intrusion of fluid. The lower limit of the band, four to six inches distal to this point, shades off into rather an indefinite area of partial anæsthesia. More distal to this is an area in which slight formication is experienced.

When an ordinary injection is made into the forearm or leg, with a dose of half a grain of eucaine hydrochlorate, some slight formication is recognised by the patient in

the area to be affected. In five minutes from the commencement of the experiment anæsthesia supervenes, and is recognised first close to the distal side of the injection œdema, and then over this œdema. In about five minutes more the definite band, one and a half by four to six inches is developed, and may last for nearly three quarters of an hour.

Analgæsia sets in with the anæsthesia. The sensations of heat and cold and tactility also disappear together, or rather I have not recognised any differentiation by this method.

Besides the formication alluded to as experienced at the periphery the patient has subjective sensations of susceptibility to heat and cold referred to the whole area involved, together with a heavy feeling of numbness. These subjective symptoms may be attributed either to the reaction of the overlapping nerve-supply, or to the early stage of cocainisation, short of the block stage, in which early stage some of the neighbouring nerves must of necessity be.

Besides there are certain vaso-motor changes to be observed. It would then appear that the eucaine acts directly on nerve bundles and fibres strictly in accordance with anatomical arrangements. It attacks, when injected into the loose subcutaneous tissue, first the small nerve fibres passing through the loose connective to supply the distal part of the skin and the skin over the œdema, and then the larger nerve bundles, which supply the skin for a distance of four to six inches from the point of puncture. The drug also affects the vaso-motor filaments of this area.

With eucaine the state of sensory deletion lasts for thirty to forty-five minutes. The deletion caused by cocaine is similar, but does not invade so great an area, and is of shorter duration. The distribution of the change can be recognised with even one-sixth gr. of cocaine hydrochlorate in a two per cent. solution, and is well developed when half grain dissolved in 12 minims of water is employed. Muscular sense was not affected in these experiments when the needle was limited to the subcutaneous tissue. Krozius states that if an injection of cocaine is made into a large nerve-trunk paralysis of all branches results in many cases (Hewett).

The application of these experiments is to confirm that eucaine is a reliable and apparently a superior anæsthetic to cocaine, and to indicate that the rationale of using eucaine or cocaine is to inject proximal to the incision in all cases, remembering that the anæsthetic band will follow the anatomical course of the nerves.

The depth of the needle should be varied from beneath the deep fascia—to secure the deep nerve bundles as they come to the surface—to the loose subcutaneous tissue which carries the more immediate nerve-supply.

Further, these drugs might be used physiologically in tracing areas of distribution and for sensory and vaso-motor effects.

Again, when severe pains or spasms occur, the nerve, if recognised, might be temporarily deleted by a suitable injection.

E. A. PETERS.

Neuralgia and Neuralgic Pains.

A paper read before the Dental Society by Ernest B. Dowsett.

(*Concluded.*)

And now to speak of the symptoms of neuralgia. Its characteristic feature is the site of the pain corresponding closely to a certain nerve-trunk or radiating to the area of its distribution. The pain is variously described as boring, burning, shooting, gnawing or throbbing, but neither of these terms has any significance, the description resting entirely with the patient. It is either intermittent, that is, lasting for a variable time, and then disappearing altogether: or remittent, that is, persisting continually with greater or less severity, with occasional severe paroxysms of pain. There is a symptom that one often hears great stress laid upon in neuralgia, and that is the great tenderness at various points on the surface, which can usually be seen to correspond to where a nerve issues from a bony foramen, or pierces a thick fascia, or even where a nerve branches. These are the so-called points of Valleix. Though this is of clinical interest, and may even help in the diagnosis, still I do not think it has any special pathological importance, meaning, I take it, merely that the nerve is more resistant at these points, and hence pressure upon the affected nerve is more prone to give rise to pain here than elsewhere; for pain is not neuralgic at these points, but consists only of tenderness on pressure. Thus we see this symptom can be explained on purely mechanical grounds.

The attacks of neuralgia are often suddenly brought on by a slight change in the surroundings,—a cold draught or a small movement, thus signifying that the affected part of the nervous system at the moment is in a state of hypertension, and that only the smallest impression is required to bring the whole "mechanism" into action. Thus the slightest movement of the mouth may bring on a paroxysm of pain and then mastication becomes terribly painful or even impossible. There are several cases on record in which the acts of micturition and defæcation started these paroxysms. This illustrates the peculiar effect these acts have upon the nervous system, and with it may be compared the familiar shiver of micturition. One occasionally sees convulsive movements of the face during severe paroxysms of pain. These, I think, are purely reflex actions, brought about by the ordinary reflex arc, although one can conceive the possibility that the musculo-sensory nerves may take a share in their production.

With the above symptoms there are sometimes certain complications that may occur. There may be hyperæsthesia or tenderness over the part affected, or there may be pallor, flushing, sweating or œdema, which can be put down as vaso-motor changes, and this seems thus to point to a disturbance in the cerebro-spinal centres. A Mr. Lobb, some years ago, brought forward an ingenious idea to explain this tenderness over the affected

part. He likened a sentient nerve to a conducting wire of a galvanic battery, which of certain uniform diameter conducts a given quantity of galvanism without being perceptibly affected by its passage; but if a portion of the wire be much finer than the rest, it becomes very hot, being unable to conduct the whole of the galvanism, the remainder being converted into heat. So in a nerve, if by malnutrition it is unable to conduct normal sensations to the brain, the nerve-current, by affecting the polarity of the nerve itself, gives the idea of pain in that portion of the nerve, when impulses, such as those of tactile sensation, are passed along it.

Amongst these complications there are certain trophic changes that may occur. Foremost of these are those connected with the hair. It has often been noticed that portions of the hair have changed colour, going grey or white during or soon after an attack, especially with neuralgia of the first and second branches of the fifth and of the occipital. The hair may regain its colour when the attack has subsided, or may even fall out if the neuralgia persists. Raymond reports a very remarkable case of a woman whose hair, during a severe and persisting attack of neuralgia, changed first from black to red, and then in a few days from red to white, and about a fortnight later all fell off.

Then there is the herpetic form of neuralgia, in which the herpetic rash occurs on the part corresponding to the area of distribution of the affected nerve. There is also in our museum the skull of a man who had suffered severely from neuralgia of the left side of the head. In this the left frontal bone is very much hypertrophied, which was most probably due to altered nerve influence, affecting the nutrition of the part.

These are all clearly nutritional changes, and thus it would seem that there are special trophic nerve-fibres, which, being affected in the same way as the sensory fibres, do not give rise to pain as they do, but to nutritional disturbances. But these special nerves have not been demonstrated, and the pathology of these trophic changes is still a very disputed point. Thus it may be that the "sensory centres, the sensory cell, the afferent fibre and the organ in which it terminates form a 'functional and nutritional unity,' the dissolution of which, from any cause, leads to altered nutrition and trophic changes of the related parts."

The diagnosis of neuralgia rests on the unilateral situation of the pain, on its correspondence to the distribution of certain nerves, its intermitting or remitting character, or the fact that the patient has suffered from similar pains before, on the variations of the seat of the pain, and on the absence of any indications of actual damage to the nerve-fibres. The principal affections, from which it has to be diagnosed are neuritis in its early stages, neuroma, tumour compressing the nerve, actual lesions such as tumour or abscess of the brain, pons or medulla, affections of the temporo-maxillary joint, and even antrum and frontal sinus trouble.

Neuritis is to be recognised by its combination of sensory, trophic and motor symptoms, and diagnosed from neuralgia by the fact that in the latter, anæsthesia and motor paralysis do not occur. Neuroma and compression of a nerve are to be diagnosed in exactly the same way. The very early stages of either of the above may so closely simulate neuralgia that a diagnosis is impossible; but their motor and further sensory symptoms must soon appear, which will enlighten all shadow of doubt. The very early symptoms of tumour or compression of certain parts of the brain, pons or medulla, connected with the fifth nerve, are sometimes definite neuralgic pains, but other symptoms must soon develope, distinctive of the lesion. Affections of the articulation have usually other prominent symptoms by which they can be recognised, although the deep-seated and radiating pains are certainly suggestive of neuralgia. Antrum and frontal sinus trouble are also to be recognised by their common local symptoms.

And now to speak of the prognosis of neuralgia. Mild as ofttimes this affection is, there are, on the other hand, numbers of cases seen continually in which it assumes most alarming proportions. The cause is naturally the first point in the consideration of the prognosis. Roughly speaking, we may say that all cases due to local and direct causes are certain of recovery under appropriate treatment. Constitutional cases, too, with suitable remedies are ofttimes satisfactory, but here we have to take into consideration other points, namely, the age and general condition of the patient. When the patient is young and with no definite constitutional taint, a favourable result may be looked for; but where middle or advanced age is reached, and with it we see the marked neurotic tendency, an attitude of doubt must be assumed. There is no reason to believe that this class of neuralgia endangers the patient's life otherwise than by sheer exhaustion, but nevertheless the history of some of these latter cases is sometimes most wretched. The unfortunate patient may survive for years before he completely succumbs to the severe strain upon his system, yet every hour of his life is a misery. Where the act of mastication causes intolerable darts of agony, the nutrition is obliged to be kept up by liquids. Then, when the broth and slop diet is adhered to, there is probably under-nutrition, which only aggravates the neuralgia. And if, as often happens, the patient flies to drink as a relief, that again hastens the degeneration of the nervous centres, and renders the case more hopeless than ever. But one is thankful to know these are the exception.

And now, finally, we come to the aim and object of all medical science—the treatment. I do not propose to lay before you the thousand and one drugs that are used to alleviate the pain of this malady and discuss their individual merits, for that would require a treatise of its own, but rather to draw up a small plan of the various principles of treatment that may be adopted.

There is an axiom that should be in the mind of everyone about to treat,—"tolles causam, cessat effectum"—do away with the cause, and its effect ceases to exist.

This principle should always be kept before one; but, nevertheless, there is a time, alas too often, when either a direct cause cannot be established, or the cause under appropriate treatment can only be influenced slowly; then the effect, the pain, must itself be treated, for after all it is for this that the patient seeks relief. The treatment of the pain alone, one might say, is only palliative, but it is a recognised fact that the repeated removal of the pain tends to prevent its recurrence. This makes it probable that the drug, or otherwise, has an influence on the specific disturbance which gives rise to the sensation of pain. The following should be the various lines of treatment—(1) by hygiene; (2) by drugs; (3) by electricity; (4) by certain surgical operations.

Of hygiene little need be said, for we all recognise its universal importance. If the functions of the body are all made to work in perfect harmony with one another, and attain their several objects, the body must of itself necessarily improve, and so the tendency to all ills must subside.

In speaking of the varieties of drugs that may be used, one must speak separately of those given internally, and those given externally. Of those given by the mouth, after treating the cause, one must choose between tonics, nerve stimulants, sedatives, and anodynes, or combinations of any of these. Tonics act through the blood, which is replenished thereby, and by this the whole system is affected in the direction of improvement of nutrition. Nerve stimulants act through the blood upon the nervous system in general, and induce a healthy action of its centres. The principal ones in use are Sulphuric Ether, Valerian, and Alcohol. Sedatives such as Potassium Bromide, and anodynes such as Opium, Morphia, Aconite, Gelsemium, etc., act by means of the blood directly upon the nervous centres, whose actions and impressions they depress. Of the drugs applied externally, they may be in the form of either irritants or sedatives. Blisters are the usual form of counter-irritation. Dilatation of the cutaneous vessels and peripheral irritation of the sensory nerves are the primary phenomena of counter-irritation. Cutaneous anæsthesia follows; the nerves are depressed and pain is relieved. The theory of action of counter-irritation is disputed. It is thought by some that it relieves and thus affects the nutrition of the deeper parts by setting up a counter-seat of irritation. Or it may act through the vessels and nerves and so affect the vaso-motor and trophic centres. Or it may have a direct inhibitory influence upon the nerves, or may even reflexly change the mode of action of the nerve-centre. Of the external sedatives, these may be used either endermically or hypodermically. Of the endermic, chloroform and aconite are most commonly used, and these act by direct action upon the peripheral terminations of the nerves. Of the hypodermic, morphia and cocaine are the foremost, although chloroform, carbolic acid, osmic acid and even water have been tried with varying degrees of success.

The treatment by electricity can be dismissed in a very few words. Both galvanic and faradic currents have been used, and the galvanic is probably attended with the greater success. A strong current probably tends to change the action of the nerve-centre, and a weak current acts as a sedative.

And now, finally, we come to the treatment by surgical means. This is of more modern introduction, but is only resorted to in extreme cases and when other remedies have failed, principally for neuralgia of the constitutional type, local causes being generally quite amenable to ordinary measures. The surgical treatment consists of a variety of operations of varying grades of severity, but they all have the same primary object in view, namely, the interruption of the passage of impulses along the nerve. The mildest form of operation is that of cutting down upon the course of the nerve at some accessible spot, and forcibly stretching it. This severs the nervi nervorum, although it does not permanently harm the actual fibres of the nerve itself. The pain is hereby relieved for a time, but it is almost certain to return after a few months in the same nerve if it has not already immediately flown to another one. This failing, then, the nerve may be either divided or a small portion of it excised, but these, too, are unsatisfactory, for the pain invariably flies to another nerve, and even returns to the same one again in the course of a year or so from the growing out again of the nerve from its central end along its old and original course. In consequence of the unsatisfactory results of these measures, more heroic operations have been undertaken, namely, removal of Meckel's ganglion, removal of the Gasserian ganglion, and even division of the nerve between the Gasserian ganglion and the Pons Varolii. But these have only been attended with varying degrees of success. If the cause is peripheral, surgical interference gives immediate relief, since the passage of impulses from the periphery to the brain is at once stopped, although, as I have pointed out, complete cure cannot be assured. In cases of central neuralgia, if such there be, the relief is brought about differently. The pain does not necessarily cease immediately on the severance of the nerve, but probably only gradually, from the fact that since the morbid condition is central, impulses are not conducted to the periphery. Pain is merely referred thither, that is to the area corresponding to the centre affected, but relief is afforded ultimately for the following reasons. The impulses that are constantly traversing the nerve seem in these cases to maintain the morbid action of the cells, when this had been set up and fixed in them. So that, when these impulses are arrested, the disturbed centre is afforded perfect rest, and with such rest the morbid process may subside and the central neuralgia be cured.

The disadvantages of any of these operations are the sensory and trophic changes that attend the division of any nerve. There will be complete anæsthesia of the part supplied by the nerve divided, and, according to the part of the fifth operated upon, there will be loss of irritability of the nose to pungent odours, partial or

complete loss of taste, ulceration of the gums, herpes, and neuro-paralytic ophthalmia. This latter is inflammation of the eye-ball, possibly leading to sloughing. It has been thought by some to be, not a true trophic change, but merely a change, brought about by dust and the like, resting upon the insensitive surface, which is thus ignorant of its existence, and makes no effort to cast it off. By carefully shielding the eye after severance of the fifth, it has been found that the change has been greatly diminished. With the above, too, there may be paralysis of the muscles of mastication if the motor portion of the fifth is involved. Anyway, we see it is a serious matter when removal of the Gasserian ganglion is contemplated.

Apart from operations upon the nerves, there is another surgical treatment that has been adopted in a few cases, namely, compression, and even ligature, of the carotid artery on the side of the affection. It is no doubt intended to depress the vitality of the nerve-centre. Needless to say, no very striking results are recorded.

There is yet another form of treatment that has of late been adopted for a few of the hopeless cases of neuralgia, and that is hypnotism. One case only in which this has been adopted has come under my notice. It was a man who had already had three operations performed upon him with no permanent success. He was hypnotised three times, each time being under the influence for some two or three hours. His pain entirely disappeared, but how permanent the effect is going to be is of course impossible to say, as it took place but a few months ago. I may state that the patient was of extremely nervous temperament, and these are the only subjects that can be subjected to such treatment. I will not attempt to comment on the action of the hypnotism in these cases.

In conclusion, a class of momenta—certainly important, though perhaps less essential than the foregoing lines of treatment—is that relating to the circumstances of the patient's life. After adequate treatment has been adopted, we must see, for instance, how far he is likely to be exposed to the hostile influences of cold, damp and privation, and how far there may be unavoidable exposure to the influences of mental disorder, or the "weariness of an objectless life."

Court of Committees.

The following regulations have been made with reference to the residence of the Assistant Obstetric Physician, and the duties of the Obstetric Registrar:—

(*a*) That an Assistant Obstetric Physician, who has held that post for not less than five years, be no longer required to reside within one mile of the hospital, provided that he maintain himself in telephonic communication with the hospital.

(*b*) That the Obstetric Registrar be required to reside in the immediate neighbourhood of the hospital.

(*c*) That in cases of urgency admitted in the wards from the Lying-in Charity the Obstetric Physician or the Assisiant Obstetric Physician be summoned according as the patient is admitted into a bed belonging to one or other of them; but that in cases of extreme urgency, allowing of no delay, the Obstetric Registrar must do what is necessary himself, or, failing him, the senior Obstetric Resident.

(*d*) That in the absence of the Assistant Obstetric Physician the Obstetric Registrar perform his duties in the Lying-in Charity and Out-patient department, and that he be summoned in the night to all cases of difficulty in the Lying-in Charity to which it has hitherto been the custom to summon the Assistant Obstetric Physician.

(*e*) That the Obstetric Registrar and Tutor, on vacating his appointment as Obstetric Tutor in the medical school, cease also to hold any appointment in the hospital, unless the Court of Committees shall otherwise determine.

(*f*) That the Obstetric Registrar hold office during the pleasure of the Court, and that the duties imposed by these regulations upon him, may if the Court of Committees so determine, be entrusted to some other physician appointed by the Court.

(*g*) That an honorarium of £30 per annum be granted to the Obstetric Registrar.

It was also agreed to authorise the Treasurer to open a separate banking account for the reception of any sums given specifically for school purposes.

Correspondence.

To the Editor of Guy's Hospital Gazette.

The Fencing Competition.

Dear Sir,—Will you allow me to call your attention to a little mistake in your last issue concerning the Fencing Competition? In contest No. 2, between Messrs. A. H. B. Kirkman and E. W. H. Shenton, the winner was Shenton and *not* Kirkman. The second place was not contested for as there was no second prize. With apologies for troubling you,—I am, sir, faithfully yours,

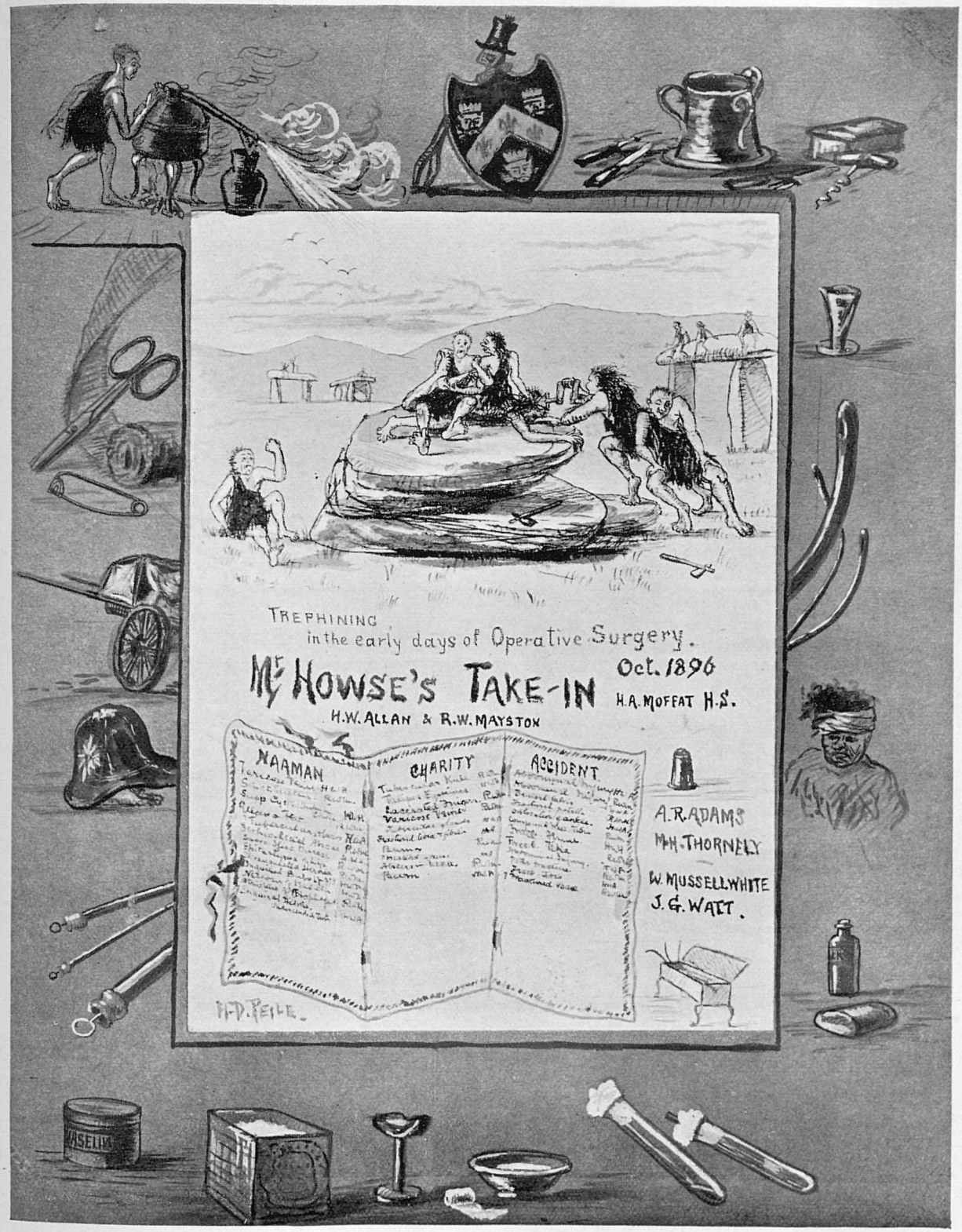
W. SILVERWOOD RICHARDSON,
Hon. Sec. of Pavy Gymnasium.

The Hamilton Testimonial.

Sir,—I wish, through the medium of your columns, to thank all those students, past and present, who so generously gave me such a magnificient testimonial. If you will be good enough to insert this in the Gazette it may convey to many who were unable to be present at the meeting my appreciation of their great kindness. —I am, sir, yours faithfully,

E. T. E. HAMILTON.

8, St. Thomas's Street, S.E.,
April 7th, 1897.



A TAKE-IN CARD.

Passim.

To him that hath shall be given; and Dr. Alfred Salter, having already won scholarships, prizes, and two gold medals at the London University, has now been examined in the sanitation of our College and kindred matters, and having reported enthusiastically in favour of the first and with equal accuracy on the other subjects, has been awarded the Golding-Bird Gold Medal and scholarship. We told him so the other day, somewhere about the first of the present month, but he would not believe it. We again offer him, however, our heartiest congratulations, and continue to speculate upon the weird possibilities of his future career.

The balance sheet of the Disguysed Minstrels is at last prepared, audited, and published. It shows the very satisfactory result that some seven hundred pounds were taken in seven performances; and after deducting expenses, a net sum of about four hundred pounds was handed over to the Treasurer of the Hospital as a contribution to the funds of the institution. Together with the net contribution last year of two hundred and twenty pounds, this will be found sufficient to complete the endowment of one cot; and for the rest of the money, the committee have suggested that it should be spent in maintaining two full-sized beds, so as to stimulate future generations of Guy's men to go and do likewise in future years. There will still be left a balance of five-and-twenty pounds. This result reflects great credit on all concerned, and especially on the honorary secretary of the minstrels, who spent the greater part of his time during the last winter in arranging for the performances; and certain it is that the difficulties of fixing upon the dates, getting the performers together, arranging practices, seeing after the advertising, and finally making a speech in the interval of each performance, are sufficient to exhaust the temper and grizzle the hair of the most good-natured of men.

A few more bequests have been falling into the hospital lately, and will, we hope, continue to do so until our ultimate end is reached. Meanwhile, Guy's men must still do their best to make the needs of the hospital known, and to assure likely donors that we have hardly received more than one-third of the sum we require. Later on, again, when the Prince of Wales comes down to open the new school building, it will be necessary to disillusion people of the idea, which is sure to enter into their minds, that the building has been erected at the expense of the hospital funds, and that these must, therefore, be in good condition. As a fact, of course, the new building is built by an entirely different body—the Guy's Hospital Medical School—by permission of the Treasurer and Governors of the hospital, and is, so to speak, a private speculation on their part, whose interest it is to make the medical school as efficient as possible.

The opening of the new building will take place some time in May in all probability, the ceremony being divided into two parts: the one taking place on a platform to be raised for the occasion at the further end of the colonnade the other in the new anatomical theatre. This theatre is calculated to seat two hundred and fifty below and three hundred in the gallery. The gallery is particularly notable as being built on the cantilever principle, instead of being supported by pillars or cross-beams, and although doubts were expressed as to its safety on such an occasion, its strength has recently been tested by piles of bricks laid upon it to the weight of thirty tons, and the front of the gallery was depressed only one-eighth of an inch. On the whole, the new building seems to be admirably adapted for the reception of the physiological and biological departments of teaching. The builders have now practically finished their share of the work, and fitting is going on sedulously.

We are requested to announce that forms of application for invitation tickets to be present at Guy's Hospital on the occasion of the opening of the new school buildings by H.R.H. the Prince of Wales, will be forwarded by post to every member of the Guy's Hospital Clubs' Union whose private address is given in the last issue of the Clubs' Union book. Present students and other members whose addresses are given as Guy's Hospital will be able to obtain similar forms upon personal application to the hospital librarian. No application for tickets can be considered unless it is written upon one of the official forms and forwarded to the Dean on or before the date mentioned upon it.

For the last few days furniture vans in the front quadrangle have given visible proof of the fact that we are finally losing Mr. Lushington

from our midst; and that Guy's has seen, probably for the last time, a resident treasurer. In saying good-bye to Mr. Lushington, we do so with the combined goodwill of all sections of the Guy's community, and the wish that he may still be frequently seen as a participator not only in the official, but also in the more social aspect of our hospital life.

Before many weeks have elapsed Dr. Perry will have moved into the Treasurer's house, while the Secretary to the Treasurer will at length be able to draw a free breath in Dr. Perry's present house, in offices more or less proportioned to the amount of work that is to be done. The Gazette itself hopes to profit materially by the change, to the extent at least of a chair and half a desk, instead of its present one drawer and kneeling-room on the carpet.

The workmen have been very busy with the post-mortem room these last few months; and to the surprise and delight of its frequenters, have actually finished the upper half, and have removed the boards which have been the source of many contusions and foreign bodies down the neck during their somewhat protracted sojourn. The upper air has certainly burst into light; whether the nether parts of the room will undergo the same glorification, the next few months will see. It is said, at anyrate, that the new system of drainage is a thing of beauty.

College examinations have been very brisk this week, and on the whole the examiners appear this time to have kind hearts. There is a large field from Guy's and we wish them all good luck, and a good holiday afterwards. The dates of the Fellowship and Dental exams. have now been fixed:—The Primary F.R.C.S. for Thursday, May 6th; the Final F.R.C.S. for Monday, May 24th; and the L.D.S. Eng. for Friday, May 7th.

The Gull Studentship in Pathology and allied subjects will become vacant on the 24th day of next June. The studentship is open to candidates under thirty years of age who have studied in the Medical School of Guy's Hospital, is of the annual value of about £150, and is tenable for three years. Further particulars may be obtained from the Secretary of the Board of Electors, to whom application must be addressed at the office of the Medical School not later than June 2nd, 1897.

Lectures ceased with our last issue; and we wish a happy holiday to all who can take it, and a good smoke without evil consequences to the privileged patients on bank holiday.

By mistake it was announced in our last issue that the curatorship of the surgical museum was vacant, whereas it is the curatorship of the dental museum that is vacant. Where is the dental museum, by the way?

A series of parliamentary papers and blue-books have been recently presented or lent to the library, including those relating to the Cantonment Acts in India, the state of health of the Indian army at the present time, and the communications addressed to Parliament by the Royal Colleges of Physicians and Surgeons, signed respectively by Dr. Wilks and amongst others by Messrs. Bryant and Davies-Colley.

On the afternoon of Monday, twelve days ago, Mr. Davies-Colley in an appropriate speech formally presented the picture of Lord Lister to Sir William MacCormac as President of the Royal College of Surgeons, to be placed amongst the pictures of other eminent English surgeons already in possession of the College.

We are glad to hear by the way that the Library Committee have at last decided to take in the Annals of Surgery, of which Mr. Jacobson is the English editor. The Annals are the only periodical devoted exclusively to surgery in the English language.

Perusal of our Guyoscope reminds us of Dr. Horrocks' appointment as Harveian orator, on which we offer our congratulations. This week's Guyoscope, by the way, is almost the best of the four numbers yet produced. The caricature with the mysterious title "Horseradish" is exceptionally clever; the official programme of the Prince's visit is most exhilarating, and the interview with a friend of our youth, and the tales told round the fireplace are very lively reading. Altogether a most entertaining number.

The preparations for the celebration of June the twenty-second, when the Royal Procession is to pass along the Borough, has already given rise to a brisk traffic in shop windows. The general price seems to be about two to five pounds a seat, a whole window costing several times that amount. Rumour says that one or two persons of Judaic nationality have copied

our scheme propounded in the last issue, and have bought up such windows in the Borough as they could, with a view to sub-letting them. The question now is whether prices have already reached their maximum; or whether there will be a further steady rise, or only a final rise, if any, just before the occasion arrives.

Our ever-facetious contemporary, the *Daily Mail*, whose researches into the presidency of the hospital we announced in a former issue, has this week discovered that one of the cases in the hospital is to be operated on "this week by Dr. Lucas, senior house-surgeon." The journalistic enterprise of modern days is truly wonderful.

With reference to a note in which we referred lately to the funeral of Nurse Meheux with full military honours as "bestowed probably for the first time on a nurse," the *Golden Age* remarks, interestingly, although hardly to the point:—"I may remind the editor of the Guy's Hospital Gazette, however, that military honours of a very impressive kind were paid to two English ladies who nursed the soldiers in the hospital at Lucknow through an epidemic of cholera. When the epidemic was over, these devoted ladies found it necessary to go to the hills to recruit their own health, which had broken down. The first Sunday after their return, as they entered the church which the soldiers attended, the men all rose to their feet."

Surg.-Lieut.-Col. James S. Wilkins writes from Bombay:—Apropos of our plague-stricken city, here is something which shows you how much we are afflicted with germs. Little Girl (rushing into her mother's room), "Oh, mother! They have caught such a large plague German in the hospital!"

In the second number of the *Middlesex Journal*, besides some good clinical material, we find considerable mention made of the Inter-hospital Rowing Cup, of which Middlesex are the proud possessors. They are therein exhorted to train vigorously, lest the coveted trophy should slip from their grasp; and we will frankly admit that they need not worry themselves for fear of competition from Guy's. A keen oarsman from Cambridge did, it is true, write to us last year, proposing that rowing should be revived in Guy's. But the idea is untenable; the conditions are against regular rowing anywhere near Guy's, and those who row at all assiduously, do so at the expense of their work.

The first skiagrams taken by the new hospital apparatus were of a case of bullet-wound, which has obtained considerable publicity in the Borough press. The results were not wholly satisfactory, and further experiments will be deferred until the ten-inch coil has arrived, and the dark room, situated on the left of the entrance to Accident ward, has been fitted up. It seems likely that, as at St. Thomas's Hospital, the skiagraphic work will become part of the work of the electrical department, and the appointment of electrical clerk will become so much the more valuable.

Yesterday morning we were surprised at the appearance of eight round tubs symmetrically disposed in each of the courts on either side of the colonnade. "Baths," said one; "a circus," said others, clapping their hands in gleeful anticipation. Then came from Mr. Bonsor's two gardeners and sixteen trees, which latter were disposed accordingly with the assistance of staves and earth. "Rose-trees," suggested the cockney; "limes," corrected the rustic; "birds," simpered the nurse; "rooks," prophesied the sportsman; "cats," reflected the patient in Corney, and sighed and went to sleep.

The New House Appointments.

ASSISTANT HOUSE-PHYSICIANS.

Mr. Arthur George Butler was educated at Dulwich College, whence he went to the Royal College of Science, obtaining his associateship (A.R.C.S.), with "Edward Forbes" medal and prize in zoology in July, 1891. He then entered Guy's as a first year's student in October, having obtained one-third of the entrance science scholarships, and previously passed the preliminary scientific examination at the University of London; he passed the first Conjoint examination in elementary anatomy and elementary physiology in March, 1892, and the second Conjoint examination in March, 1893; acting during the winter as prosector to Mr. Jacobson. In July, 1893, Mr. Butler passed the intermediate examination in medicine (London University), and then proceeded to the wards, where he held the following appointments, in addition to the ordinary compulsory ones:—Assistant surgeon's clerk, dental surgeon's dresser, clerk to anæsthetist, obstetric out-patients' clerk, dresser in the eye wards, assistant in the throat department, and clinical assistant. He clerked to Drs. Pye-Smith and Taylor, and dressed for Messrs. Jacobson and Davies-Colley; during this period he passed the first F.R.C.S. examination. He also obtained a certificate at the Arthur Durham examinations

for students in their first year, and another in the following year for second year's students, besides winning the second prize for first year's students. He qualified L.R.C.P., M.R.C.S. in January, 1896, and obtained his degree of M.B. London in October of last year.

Mr. Frank Griffith Thomas went to Bedford Modern School in 1885, where he remained till July, 1890, rowing stroke in the school boat, and winning the Public Schools' challenge cup. In October, 1890, he went up to Caius College, Cambridge, passed the first part of his first M.B. during that term, and the rest at the end of his first year. He rowed in the college eight all the time he was up, and was captain of the boats during his third year (1893). Finally, in the summer of that year, he took a second class in the Nat. Science Tripos. He entered Guy's in October, 1893; passed the second M.B. Camb. in the following December and held the compulsory appointments, besides that of post-mortem clerk, obstetric out-patients' clerk, clerk to anæsthetists, and clinical assistant. He clerked to Drs. Pye-Smith and Taylor, and dressed for Messrs. Lucas and Symonds. He passed both parts of the third examination for the medical and surgical degrees at Cambridge in December, 1896.

ASSISTANT HOUSE-SURGEONS.

Mr. Victor Evelyn Collins was educated at Tonbridge School, where he obtained a Foundation Scholarship. For three seasons he played in the first football fifteen, and also won several prizes for swimming, including the Royal Humane Society's medal for proficiency in saving life from drowning. He entered Guy's in February, 1891, as a preliminary scientific student, and passed that examination in January, 1892, the first Conjoint in elementary anatomy and elementary physiology in October of that year, and the second Conjoint in March, 1893. He held the appointment of assistant demonstrator of physiology in the winter session, 1893–94, passed the first F.R.C.S. in May, 1894, and the Intermediate Examination in Medicine in July, 1894, obtaining the gold medal in physiology. After holding the compulsory appointments and those of assistant surgeon's clerk, post-mortem clerk, obstetric out-patients' clerk, clerk to the anæsthetists, dresser in the eye wards, and clinical assistant, he qualified L.R.C.P., M.R.C.S., in October, 1896, passing in all parts of the examination in that month. He clerked to Drs. Taylor and Hale White, and dressed for Messrs. Jacobson and Golding-Bird. In other matters, he has obtained his blue for Rugby football, playing for two seasons in the Cup team; was secretary of the swimming club in 1892 and 1893; and captain of the water-polo team in 1895, which won the Inter-Hospital Water-polo Cup. He has served as assistant hon. secretary of the Clubs' Union in 1895 and of the Students' Club in 1896 and 1897.

OBSTETRIC RESIDENTS.

Mr. William Ernest Hills came from Dover College, and entered Guy's as a first year's medical and dental student in October, 1891. He passed the first Conjoint examination in elementary anatomy and elementary physiology in March, 1892, in chemistry in July of that year, and the second Conjoint in October, 1893. He then turned his attention to his dental work, and passed the L.D.S. in May, 1894. In addition to the usual appointments, he held the following: assistant surgeon's clerk, post-mortem clerk, aural surgeon's dresser, clerk in the electrical department, obstetric out-patients' clerk, clerk to the anæsthetist, dresser in the eye wards, and clinical assistant. He clerked to Drs. Hale White and Shaw, and dressed for Messrs. Davies-Colley and Dunn. He qualified L.R.C.P., M.R.C.S. in July, 1896.

Mr. Edward Fisk entered Guy's in October, 1890, as a first year's student, having previously passed the preliminary scientific examination. He passed the first Conjoint in elementary anatomy and elementary physiology in March, 1891, the second Conjoint in July, 1892, and the first M.B. Lond., in July, 1894. He has held the following appointments: post-mortem clerk, clerk to the anæsthetists, dresser in eye wards, clinical assistant and the compulsory ones. He clerked to Drs. Pye-Smith and Taylor, and dressed for Messrs. Jacobson and Howse, and qualified L.R.C.P., M.R.C.S., in April, 1896.

Re-Endowment Fund.

In spite of counter attractions the Re-endowment Fund continues a slow growth, and recently two handsome additions have been received. The first was that of one thousand pounds from Miss L. A. Williams to endow a bed in memory of the late Henry Pratt, M.D., sometime a student at this hospital. No better memorial could be wished for by any Guy's man.

Following on this came an apportionment of two thousand pounds from the estate of the late Mr. William Waller, of Gravesend. It may be remembered that this gentleman, who died last year, bequeathed certain monies to the Lord Mayor of London upon trust to apply the same for the benefit of such hospital or hospitals for seamen in some or one of the cities or counties which border on the Thames, as he might think fit, in token of the testator's gratitude for his life having been saved by sailors. As being contiguous to London Bridge, Guy's put in a claim, with the result above mentioned, the condition being that with the two thousand pounds two beds for seamen shall be endowed in perpetuity.

We hear from Dr. Knott, of Southsea, that the endowment of the "Tiny Tim" Cot will probably be completed at a very early date. We heartily congratulate him upon this success, achieved under heavy difficulties, both public and private. Would that his energy on behalf of Guy's could be transplanted everywhere.

Guy's in 1793.

In a biography that has recently appeared and aroused considerable public interest, that of the late Lady Stanley of Alderley, the following allusions to Guy's Hospital may be noticed:—

Maria Josepha to Miss Ann Firth.

"The Girlhood of Maria Josepha Holroyd (afterwards Lady Stanley of Alderley), daughter of 1st Lord Sheffield."—Page 215.

March 21, 1793.

. . . . Papa* has got into Guy's Hospital four frenchmen gentlemen and officers who perhaps you may recollect something of their having been a long time confined on board a ship and at last escaped by swimming to shore; I forget the particulars. How melancholy to think that these Gentlemen are most thankful for admittance to the Hospital! but one of them a very genteel young man, is almost eat up with the 'Itch' and as it is a very extraordinary complaint, and they had no other proper place to put him into, he is now in the same apartment with the lunatics.

They have hardly a Shirt to their Backs and neither Shoes nor Stockings. With the greatest difficulty they (Four in a Hackney Coach) collected amongst them two pence to pay the turnpike. James went to the Hospital to receive them and recommend them to the Steward and offered them money by Papa's desire. They refused accepting it; saying they should want for nothing there. What uncommon generosity of mind! for men who are not above entering into an Hospital cannot be accused of false pride. Papa has sent Walpole to-day to get a lodging for the Itchy Man if he finds himself at all incommoded by his situation among the madmen.

It really makes one's blood run cold to think what extremities hundreds are reduced to, and what a number of melancholy stories there are that come to our ears.

Adieu. I am in Haste, but ever

Yours affly.

M. J. H.

† Lady Sheffield To Maria Josepha.—*Ibid*, pages 216, 217.

Friday March 29, 1793.

. . . . Three only of the five French patients were admitted into the Hospital last Wednesday, why the other two did not get in young Harrison does not know. I sent a list of their names to old Harrison. The apartments for the Itchy "Galles" will not be ready till next Wednesday the 3rd of April.

I have wrote to Count O'Haguerty the needful concern letting the patients know they need not go to Guy's to-morrow. I have taken a world of pains about the whole lot, and done my business well and much more to the purpose than it has been done yet, by either English or French undertakers. I have settled all about the Cloathing for the 'Sans Culottes' Patients in a very Barber-like fashion.

* First Lord Sheffield.

† Lord Sheffield's first wife, mother of Maria Josepha, and daughter of Mr. Way. Lady S. died suddenly in London, 3rd April, 1793, from a chill caught on Good Friday, 1793, while ministering to the comfort of French refugees lying ill at Guy's Hospital, of which Institution her father and brother were Presidents in succession.—Page xvi.

"I'm going a'Nursing, Sir, she said."

She is eighteen, and as I am her uncle and twice eighteen, she thinks me "quite old," very ignorant and altogether "out of it." Under the circumstances she is very kind to me, and I am grateful. As she is only eighteen she is in a desperate hurry; if things don't go quite right at once, heroic action must be taken. She began to "live" two years ago when she was quite sixteen, and after a particularly bright and happy career of eighteen months, a little cloud came over the scene. About a month ago the storm burst. I came in for it. It was this way—but after all, why give the details? They are quite commonplace, and for my present purpose immaterial. The next I heard of her was in the form of a note received the following day; a calm and gracious command to come and see her at once. I went, of course, at once, and this was what was said after preliminaries:—

She: As you saw what happened yesterday, you know, of course, what I shall do?

Me [Sympathetically silent, looking as if, *of course*, I knew, only I would'nt deprive her of the pleasure of telling me].

She: I'm going to be a nurse.

Me: I thought you "detested" babies.

She: Not that kind of nurse, a hospital nurse, of course. Why (with unconscious irony), what else could I do?

Me: Oh, I've no alternative suggestion. So if your mind is made up——

She: My mind *is* made up.

Me: Well, good luck to you, nurse: only I hope you've considered the matter fully (with great diffidence) the possible unpleasantness, the certain difficulties, and the by no means improbable hardships. The profession for those who seriously enter it is a very noble one. I fully appreciate (growing very avuncular) the high motive, the tender feeling, the——

She (cutting me short before the climax): Oh, I've thought of all that. What's nicer than making other people comfortable, arranging pillows, you know, and all that. There may be drawbacks, but what is there worth doing that hasn't? I don't mean to say I should ever have thought of it if— if— if—

Me (Magnanimously to the rescue): Exactly. But, of course, it's a mere detail. Have you ever had any experience?

She: Yes, rather! After Jack's (a neighbour) smash up out hunting, you remember, I used to read a bit to him, and once I took his temperature, and (with pride) I made it higher than the real nurse did!

Me: Did you, now!

She: And the doctor looked quite pleased, at any rate he smiled when I told him, and said I might consider it a hopeful sign.

Me: Excellent. Any more?

She: And when that horrid big dog took Tiny for a rat or something and scrunched him, I kept him on my lap till the "vet" came, and he said no one could have done more.

Me (aside): Or less. (Aloud) Were any bones broken?

She: No, but there might have been!

Me: How will you like the dicipline? Early hours——

She: Oh, I like getting up early. Last summer Tom (a brother) always had to be out of the house by 8.45, and I always saw him off.

Me: Did you give him his breakfast?

She: Well, no. Tom is particular about his breakfast; he says he likes to make a certainty of it, so I didn't do that. Sometimes I saw him off from my window, but (with emphasis) I always saw him off!

Me: Admirable! But won't you miss your old friends, old associates?

She: That's just what I want. I want to get clean away from everybody, and (hopefully) I may make new ones.

Me: I'm sure you will.

She: Now be a dear, and don't ask any more stupid questions, but just say—or better still, just tell mother we've had a real, good, sensible talk, and that I quite realize what I am about; that I am old enough to know my own mind, and that you are quite sure I am acting most reasonably, sensibly and unselfishly.

Me: Mayn't I say anything more?

She: Well (*after a pause*), that'll do at first. I was thinking you might say I had a natural call for that sort of thing, but mother knows that, she saw me nursing Tiny.

Me: And taking Jack's temperature?

She: Of course not; how silly you are!

Me: I am, for I nearly forgot to ask where are you going to nurse? Let me know, and I'll try to arrange my accident in the right locality.

She: I haven't quite settled yet. I am not sure which is the most becoming dress.

Me: I *am* stupid! Do you know, I never thought of that.

* * * * *

A month later the dress problem still remained unsolved.

* * * * *

After another month something "turned up" which enabled Jack to solve it for her. An arrangement in white satin and orange blossoms was unanimously voted the most becoming dress.

The last time I saw her she was nursing another Tiny; and she was right, she had "a natural call for that sort of thing"; it was a perfect picture. I am to be God-papa, because I was so kind and sympathetic when everybody else was "horrid." I feel a little guilty, but shall pay conscience money when I buy the mug. N.

Review.

Cape of Good Hope.—Report of the Medical Officer of Health for the Colony for the year 1895. Government printers, Cape Town, 1896.

This report is the first Annual Report on the health of the Colony, addressed to the Colonial Secretary, and by command of the Governor presented to the Cape Parliament, and the writer of the report is Dr. George Turner, late lecturer on Public Health, Guy's Hospital.

The report is most interesting and instructive in showing that an old Guy's man has had the burden placed upon his shoulders of instilling the fundamental principles of Hygiene and Public Health into a Colony possessing an immense future. It consists of the report proper and nine "Annexures," the last two of which contain some twenty-three tables of statistical matter of various kinds.

The registration of births and deaths in the Colony became compulsory only on and from January 1st, 1895. The census was taken last in 1891, but the previous census dates back to 1875, rendering an estimate of population difficult, and Dr. Turner appositely remarks, "when it is remembered that the sum of £2,000 is annually spent to take a census of the cattle and sheep, the money necessary to make a quinquennial enumeration of the population, a much more important matter, surely should be provided."

Dr. Turner suggests that he is only sure of his ground when he deals with the nineteen chief towns, varying in estimated population from 57,720 in Cape Town, to 1,711 in Swellendam. They were estimated in the middle of 1895 to contain 102,990 whites, 106,674 coloured, a total of 209,664 persons, the whole Colony containing a total of 1,132,512, of whom 408,727 are white, and 723,785 are coloured. In the nineteen chief towns the death-rate per 1,000 of population averaged 33·16, the birth-rate 37·3, and the deaths under 1 year per 1,000 births, 296. The death-rates amongst the coloured races were about double those of the white, but the birth-rate was only 4·75 per 1,000 of population higher amongst the coloured. Amongst the whites the typhoid fever death-rate was 0·87, and the diarrhœa death-rate 3·33 per 1000 of population.

It is interesting to note some of the incidences from which Dr. Turner has to sift the truth. For instance, an appended report deals with "the nature of an infectious disease prevalent in the district of Graaf-Reinet," and Dr. Turner significantly says, "I do not for a moment assert that there is no disease prevalent amongst negroes which resembles small-pox but is not small-pox; I only state that up to the present I have not come across anything of the kind," and he reproduces five photographs of typical small-pox cases.

Several of the appended reports deal with water supplies, the protection of which appears to be much neglected. The water supply of Uitenhage at its source is one of the finest in the country, and is conducted to the town in an open furrow. Before distribution it was

passed through a sand and gravel filter, which was not cleansed for twelve years. An outbreak of typhoid fever occurred amongst the consumers, and the number of organisms found was much greater in the filtered than in the unfiltered water.

In Kimberley the price of water is a shilling per hundred gallons, and the expense of supply to the town about £33,650 per annum, representing about nine gallons per head per day. This is of great interest, because Kimberley has contemplated a water-carriage system for slop and excreta removal; but as it is stated that the water supply would require to be raised to 20 or 25 gallons per head, the annual cost of a water-carriage system would be enormous, apart from the first cost of construction, some £160,000. So that Kimberley is advised not to adopt a water-closet system until it can obtain ten times more water than at present for its shilling.

This appetising scene affords food for reflection rather than refection:—"I have seen whole families of Kafirs, eating, sleeping, and I was informed actually domiciled in slaughter-houses, while dogs of all degrees were equally at home. The ground around the sheds was strewn with offal, blood, and all kinds of filth, and in the midst hung the meat intended for the food of white men."

A Public Health Act for the Colony is recommended by Dr. Turner.

From the Gazette's Special Pathologist.

All specimens—particularly those of solid tissues—should be accompanied, if possible, by a short clinical and post-mortem history, and a postal order for 2s. 6d. An extra charge of 6d. per slide is made when prepared sections are to be forwarded.

Directions to be followed in sending *Diphtheritic Membrane*:—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

All specimens to be addressed to the Gazette Pathologist, Medical Office.

Diphtheria specimens are to be labelled *Immediate*.

Postal Orders to be made payable to Mr. C. H. Wells.

NOTICES.

B. G. R., College Park.—The wall of the cyst consists of dense fibrous tissue without any special lining membrane. In the looser tissue around the cyst there are many large vessels, and a few well-defined tubercles with giant cells. Thus the case is an example of senile tuberculosis.

J. A. B., Bromsgrove.—No tubercle bacilli could be found in the sputum.

J. E., Middlesborough.—A few tubercle bacilli are present in the sputum.

C. G. R., Halstead.—The specimen shows on section a thick layer of granulation tissue beneath the crust formed by the cautery. There is no indication of malignant disease.

S. W., Middlesborough.—There are no fragments or cells suggestive of malignant growth in this specimen. Much of the deposit consists of vomit.

M. W. O., Newcastle.—No tubercle bacilli could be found in the sputum.

J. H. E., Eastbourne, specimen M., 26th March, 1897.—*After incubation on blood-serum, the resulting* growth consisted of Klebs-Löffler bacilli associated with a few staphylococci.

Specimen O., 26th March, 1897.—After incubation on blood-serum, the resulting growth consisted of staphylococci only. No Klebs-Löffler bacilli could be detected.

Specimen S., 26th March, 1897.—After incubation on blood-serum, the resulting growth consisted of Klebs-Löffler bacilli associated with staphylococci.

Specimen S.A., 29th March, 1897.—After incubation on blood-serum, the resulting growth consisted of staphylococci only. No Klebs-Löffler bacilli could be detected.

Specimen C.O., 29th March, 1897.—After incubation on blood-serum, the resulting growth consisted of staphylococci and a long thick bacillus, probably a proteus. No Klebs-Löffler bacilli could be detected.

Specimen A.W., 29th March, 1897.—After incubation on blood-serum, the resulting growth consisted of Klebs-Löffler bacilli associated with staphylococci.

Specimen S., 7th April, 1897.—After incubation on blood-serum, the resulting growth consisted of Klebs-Löffler bacilli associated with staphylococci and streptococci.

Specimen M., 7th April, 1897.—After incubation on blood-serum, the resulting growth consisted of staphylococci and streptococci only. No Klebs-Löffler bacilli could be detected.

O., Blechingly.—No tubercle bacilli could be found in the sputum.

PATHOLOGIST.

NOTICE TO CORRESPONDENTS.

The Editors wish it to be understood no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.

Novelties.

Materia Medica, Pharmacy, etc.

Thyroid Gland Preparations.

The value of the thyroid gland as a remedial agent in myxœdema has been proved beyond all question. To what principle or principles its efficacy is due has not yet been clearly established. Thyreoantitoxin, Thyroidin, and Acodinum are substances for which claim has been made that they represent the physiological activity of the thyroid gland.

For the administration of the remedial virtues of the thyroid gland, the following processes have been devised, all of which give products whose value has been proved by experience.

1. By slicing the fat-freed lobe of the sheep, macerating it for twenty-four hours in an equal volume of glycerine and sterilized water, squeezing the liquid portion through fine calico, and filtering through a pressure filter. Dose, hypodermically, 5 to 15 minims; by the mouth, 15 to 60 minims.

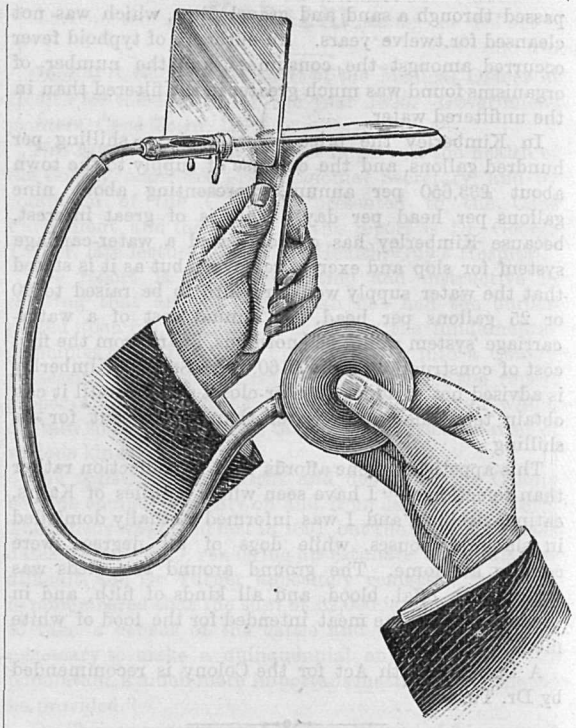
2. By absorbing the expressed juice from the glands with milk sugar, spreading the mixture thinly on a sheet of glass, and drying at a low temperature. Dose, 5 to 10 grains.

3. By taking twelve lobes freed from fat and connective tissue, slicing and pounding them in a mortar with coarsely powdered glass until disintegrated, transferring to a stoppered bottle, and adding half-an-ounce each of glycerine and chloroform water, and macerating for twenty-four hours. Expressing the liquid through fine calico, filtering through paper under pressure, and making up the product to a fluid ounce and a half by the addition of equal volumes of glycerine and chloroform. Dose, 15 to 60 minims.

4. By taking any number of the fresh glands, mincing them, removing the fat as far as possible with the knife, and the remainder by petroleum ether, and then drying at a low temperature, the residue thinly spread on a sheet of glass. Dose, 15 to 30 grains.

The preparation of the thyroid gland in use at Guy's is obtained by this process. The residue is compressed into tabloids, and in this dry form keeps perfectly. The tabloids are prepared by Burroughs, Wellcome & Co., and contain five grains by weight of fresh gland.

We have received from Messrs. Woolley, Sons & Co., Manchester, their new pharyngeal insufflator and tongue depressor combined, which will be appreciated by those who find such treatment beneficial. The air-ball, provided with a valve, is connected with the reservoir by a piece of tubing, and so does not interfere with a full view of the pharynx. In addition, there is a glass plate to shield the operator's face in case of coughing. We



would suggest that this plate be fitted with a metal rim, as it is liable to snap at the point of fixation.

Sport.

Association Football.

Report of the Season.

The season of 1896–7 has been a very successful one; the one aim and object—to secure the Cup—has been achieved, although Mary's, Bart.'s and London were the favourites; and we were only supposed to have an outside chance.

After London had beaten the favourites (Mary's), it was left to us to knock out the holders (Bart.'s), and on the day's play we deserved to win, playing with more dash.

In the final we upset all the calculations of the paper prophets and won rather luckily by one goal to none—London being the victims—our defence on that occasion being simply superb. In the Surrey Cup we were beaten by the two strongest teams in the county, viz., by Reigate Priory in the final of the Charity Cup, and by Weybridge in the third round of the Senior Cup; these two latter teams met a fortnight ago at Guildford in the final for the Surrey Senior.

In the ordinary matches we started the season very badly, losing five and drawing one out of the first eight games, but after that we improved considerably and won seven matches off the reel, including two Surrey Cup ties; then Weybridge stopped our victorious career at the end of January.

Of the last six games we have won three, lost two and drawn one.

Our forwards have shown very in and out form, at times playing brilliantly, at others without dash or method; Humphry was undoubtedly the best all-round player of the bunch, and heads the list with fifteen goals to his credit; Hughes is second with twelve; these are closely followed by Mandy, McAlpin, Thornely and Witcombe.

It was very pleasing to notice how Witcombe came on for the Cup ties. Thornely although not a brilliant forward has worked really hard for the success of the team, and how "Mike won the Soccer Cup" will be long remembered.

Mandy has been unfortunate in not having had a regular partner.

Our back division has been very good all through the season; all have worked hard and have saved us from defeat on several occasions, especially in the semi-final and final of the Soccer Cup, McAlpin standing out conspicuously both in attack and defence. The fine play of Longhurst and Crosby in the Hospital Cup ties will long be remembered. Hall did not play quite so well at the end of the season owing to exam. worries. Barker, especially towards the end of the season, was in fine form; the Hospital always does seem to have plenty of good goal-keepers, vide Thomas, Barker's understudy. Swan has been a capable reserve half and has had hard luck in not being in the finals.

Barker, Crosby and Thornely will be out of their year next season, which will be a decided loss to the team.

One could not end up a report on the season without heartily thanking Mr. Bernard Onraët, the hard working secretary, for his great attention to things Soccer at the Hospital during the seasons '95, '96, '97.

Season's Fixtures.

				For.	Against
Oct.	3.	Beckenham ...	Won	2	1
	10.	Surbiton Hill ...	Lost	1	2
	17.	Weybridge	Lost	1	5
	24.	Croydon Park ...	Drawn	2	2
	31.	Ewell	Won	1	0
Nov.	4.	Cheshunt	Lost	1	3
	7.	Eastbourne ...	Lost	1	3
	9.	Eastbourne College	Lost	1	2
	11.	Chatham	Lost	0	9
	14.	Bexley	Won	7	0
	18.	Vampires	Won	1	0
	28.	Old Foresters ...	Won	6	0
Dec.	5.	Croydon Park (S.C.)	Won	3	2
	12.	Old Harrovians ...	Won	3	0
Jan.	9.	Croydon Park ...	Won	3	2
	16.	Kenley (S.C.C.) ...	Won	4	0
	30.	Weybridge (S.C.) ...	Lost	1	3
Feb.	6.	Ewell	Won	3	1
	13.	Idlers	Won	4	3
	17.	Vampires	Won	2	1
	20.	Eastbourne ...	Lost	1	3
	27.	Old Wilsonians ...	Drawn	0	0
Mar.	6.	Barnes (S.C.C.) ...	Won	3	1
	8.	Bart.'s (H.C.) ...	Won	2	1
	13.	Surbiton Hill ...	Lost	1	2
	17.	London (H.C.) ...	Won	1	0
	20.	Reigate Priory (S.C.C.)	Lost	0	2

Guy's have thus won, 15; lost, 10; Drawn, 2. Goals for 55, against 48.

Report of 2nd XI. Season 1896–97.

The past season has been fairly satisfactory, the number of matches won just exceeding the number lost; the actual figures being those won 8, lost 7 and drawn 3.

There has been a general improvement in the play compared with that of the preceding year, and it is to be hoped that next season may show still further improvement.

The chief fault of the team is bad shooting, some of the forwards being great offenders. Ash is by far the best shot, and has scored a large proportion of goals.

During the time Barker was incapacitated by his unfortunate accident, Thomas was greatly missed in goal, he having played splendidly in that position, notably in the Cup tie.

The combination of the team greatly improved towards the end of the season, especially in the last match.

In the Surrey Junior Cup competition we were drawn against West Norwood, and were defeated by four goals to one, the match being played in a storm of rain. This match came so early in the season that combination was noticeable by its absence.

Many matches were scratched by opponents after Christmas and others could not be arranged, thus the team has been idle on several Saturdays during this term.

The team has been severely handicapped by several members of the team frequently scratching when matches are played away from home; it must be said, however, that our home matches were very few this year. Perhaps if this defect were remedied there would be less trouble in raising a team, because, to say the least, it is very unsportsmanlike to scratch without reasonable excuse.

To look forward to next season, it must be remembered that it is of vital importance that the team should change as little as possible from week to week, this being one of the chief weaknesses during the past season.

Goal.—A. R. Thomas has played well throughout the season, is very cool, clears splendidly and is in fact always safe.

Backs.—F. M. V. Smith played in nearly all matches; kicks well and works hard; frequently played half-back.

F. J. Turner plays good defensive game generally, but is not consistent; tackles well and is fairly fast.

Half-backs.—A. Donston played only since Christmas; plays good game, feeding forwards extremely well.

D. G. Greenfield the most capable half of the eleven; has acted as captain during Miller's absence, and is a decidedly useful reserve for the first eleven.

G. Chandler played forward during early part of season but has since played half; greatly improved and stops rushes well.

Forwards.—P. W. L. Camps has played regularly and consistently; has fair amount of pace and centres well from right.

A. A. Miller (Capt.), plays good game at inside right but has not been able to play frequently.

E. I. Davis is a fair forward but has gone off in shooting; not played in many matches.

J. Ash plays good game forward but is rather selfish; shoots splendidly from left and uses his weight well.

L. J. Hughes very keen and plays up well throughout whole game; rather weak in centreing.

The following have also played on several occasions: A. Pearson, R. M. Barron, J. Braithwaite, F. E. Fremantle, Tipping, J. Phillips, A. Ward.

Pavy Gymnasium.—By mistake it was stated in our last issue that A. H. B. Kirkman defeated E. W. H. Shenton in the fencing, whereas Shenton was the victor. In the account of the boxing it was said that Stoehr obtained a creditable win against Austin Powell. This is untrue, as Powell only boxed a bye with Stoehr.

Pass List.

Second Conjoint Examination, March, 1897.

(Five years' regulations).

E. Cohen, F. G. Cross, F. Curtis, D. Forsyth, E. W. Goble, R. W. B. Hall, C. E. Hicks, W. H. Loosely, A. Pearson, A. C. Ransford, J. F. Robinson, P. H. Ward.

(Four years' regulations).

W. H. Edwards.

First Conjoint Examination, March, 1897.

(Five years' regulations).

Chemistry and Physics.—J. E. L. Bates, H. J. Gater, F. D. S. Jackson, L. Pern, A. A. Phelps, A. W. Soper, W. A. G. Stevens, G. T. Willan.

Elementary Biology.—G. B. Browne, S. C. H. Bent, J. Bromley, W. H. Cole, S. E. Douglas, E. J. Scott Dudley, H. R. Grellet, G. S. C. Hayes, G. W. C. Hollist, R. Jimenez, S. H. Jones, G. J. Lewis, G. C. Lowe, R. P. Marshall, G. Moir, O. C. H. L. Moll, A. C. Nash, P. J. Nash, A. C. Osburn, R. C. Poyser, S. L. Prall, E. Roberts, W. O. Roberts, R. S. Roper, S. S. H. Shannon, F. W. Smith, G. B. S. Soper, F. J. Turner.

Practical Pharmacy.—H. Bernard-Onraët, H. R. H. Denny, J. Howells, R. Michell, P. J. Nash, A. H. M. Saward, H. C. Sturdy, M. H. Thornely, A. E. Cawston.

Prize Examination.

The Golding-Bird Gold Medal and Scholarship in Sanitary Science has been awarded to Dr. Alfred Salter, and a Certificate to Mr. B. B. Ham.

The Dead Alive.

(From "The Anecdote Library.")

In the year 1820, the beadle of S. Thomas', Southwark, waited on the Coroner for London and Southwark, with a letter from the Steward of Guy's Hospital, intimating that a man was brought there that morning in consequence of his having fallen off a scaffold, and that he died almost immediately. Mr. Shelton issued his warrant for an inquest to be holden on his body, and the beadle returned and summoned a jury, who were to sit the following evening. In the interim the dead man was removed to the dead-house, and some of the students accompanied the body, to learn what internal injuries he had sustained. Some appearances, however, led them to believe that life was not extinct, and, in order to try the experiment, they applied themselves with unabated ardour to use the means generally adopted in restoring animation. After the lapse of a few hours, animation was restored, and he was able to identify several friends who were in attendance to make the necessary preparations for his burial.

Appointments.

CIVIL.

Day, T. M., L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer for the Harlow Sanitary District of the Epping Union.

Floyd, Stephen, M.D., B.S. Lond., M.R.C.S., L.R.C.P. Lond., has been appointed Medical Officer of Health for the Llandrindod Wells Urban District Council, *vice* F. H. Roberts.

Larking, Arthur Ernest, M.D. Durham, M.R.C.S. Eng., has been re-appointed Medical Officer for the Eighth District of the Aylesbury Union.

Manby, E. P., B.A., M.D., D.P.H. Cantab, has been appointed Assistant Lecturer on Public Health in University College, Liverpool.

Padbury, G. J., M.B. Lond., L.R.C.P., M.R.C.S., has been appointed Medical Officer for the Hawkchurch Sanitary District of the Axminster Union.

MILITARY.

Brigade-Surgeon-Lieut.-Col. E. J. Fairland, A.M.S., is placed on the retired list.

Surgeon-Lieutenant Herbert St. John Fraser, I.M.S., is promoted to be Surgeon-Captain, and is posted to Hoshangabad for employment on famine duty.

Surgeon-Lieut. Hubert Houssemayne Du Boulay resigns his Commission, and is appointed Lieutenant 1st Dorset Volunteer Artillery.

Acknowledgments:—Middlesex Hospital Journal; Pediatrics; Philanthropist; Hospital.

Ed.—F. E. F.

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Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied by the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the GAZETTE *bound should leave them with the Librarian.*

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The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING AND SIXPENCE.

Calendar of Coming Events.

April.
Sat. 24.—Mr. Lucas's take-in; Ds. G. E. Richmond and W. J. Milton; Cl. J. N. Gardiner.
Tues. 27.—Cambridge 3rd M.B. Exam. begins.
Wed. 28.—Mr. Golding-Bird's take-in; Ds. R. T. Fitz-Hugh and H. D. Peile; Cl. R. W. Mayston.
Thur. 29.—Entertainment by the "Blackethiopians" on behalf of the Hospital, at Blackheath.

May.
Sat. 1.—Reports for Bredin Prize for Clinical Study to be sent to the Dean by this date.
G. H. C. C.—I. Beckenham, away.
Mon. 3.—Summer Session begins. Final M.B. Lond. Exam. begins.
Wed. 5.—Mr. Howse's take-in; Ds. W. P. Grellet and C. A. C. Salmon; Cl. H. J. Starling.
1.30 p.m., Clinical Lecture by Dr. Shaw.
G. H. C. C.—I. Trial Game, home.
II. Trial Game, home.
Thur. 6.—Primary Fellowship Exam.
Fri. 7.—Exam. for L.D.S. Eng.
1.30 p.m., Clinical Lecture by Mr. Symonds (or Mr. Jacobson).
Sat. 8—Dr. Washbourn's Lecture on Bacteriology, 9 a.m.
Mr. Davies-Colley's take-in; Ds. C. Shepherd and H. P. W. Barrow; Cl. S. E. Denyer.
G. H. C. C.—I. Surbiton, away.
II. Croydon II., away.
G. H. L. T. C. Boundaries, home.

Guy's Hospital Gazette,

APRIL 24, 1897.

Traumatic Hæmatomyelia and Hæmatorachis.

CLINICAL LECTURE BY MR. GOLDING-BIRD.

GENTLEMEN,—We have been studying lately cases of fractured spine—to use the generic term under which a great many clinical varieties of spinal traumatism are to be found—and we have seen that, were it not for the fact that one great office of the spinal column is to protect a very important part of both the central and the peripheral nervous systems, there would be scarcely any more special surgery of the bones of the spine than there is of the humerus over the femur. It is incumbent, therefore, on the surgeon that he should be familiar with some of the commoner complications, at least, that in spinal injury affect these important nerves; and in furtherance of this view we will to-day study cases of hæmatomyelia and hæmatorachis as the result of injury. I have searched our clinical records to find as typical cases as I can, and the first is from the report book of the late Mr. Durham.

Charles F., æt. 38, was in Cornelius from August 6th to August 12th, 1891.

On August 6th he fell backwards off a cart to the ground, a height of six feet, and sustained a severe scalp wound at the back of the head.

When admitted it was noted that the respiration was normal, both diaphragmatic and intercostal, but there was marked feebleness, not amounting to paralysis, in all four limbs, whilst there was special loss of power in the right arm. It was further noted that as the patient lay on his back in bed he held his arms in a very peculiar position, viz., there was slight abduction of the upper arm, flexion of the elbow, and inability to extend the wrist, so that the hand dropped as in lead palsy.

On examination of the back no obvious injury could be detected—in fact the wound on the head was his only objective sign of injury. Imperfect control over the sphincters was noticed after a few hours, and the catheter had to be employed.

On August 8th the report says: "The movements of the limbs are no better; there is no evidence of compression of the cord as far as the reflexes are concerned; there remains, however, a general inability to move the legs and arms."

On August 11th his condition was unchanged, but pneumonic symptoms appeared, and the next day he died.

It must be remarked that the temperature on the third day was 101° F., on the fifth 105° F., on the day of his death 107° F.

Autopsy.—Small hæmorrhages were seen in the posterior columns and in the cornu of the right side of the spinal cord, at the level of the 5th–6th cervical nerves. In the lateral columns were small hæmorrhages corresponding to the point of origin of the 4th cervical nerve. Softening had begun in the anterior coloums, at a point corresponding to the 6th and 7th cervical and 1st dorsal vertebræ. There was no fracture or dislocation of the spine.

Death was primarily due in this case to hæmorrhage into the substance of the cord—hæmatomyelia; and whilst this may happen in gross lesions of the spine, and as a consequence of myelitic softening sometimes, we are only speaking of it where it exists as the prime cause of the clinical symptoms; and if there be any other spinal injury, it is of secondary importance to the spinal hæmorrhage.

Thorburn states that he has never met with traumatic hæmatomyelia except as affecting the lower cervical region; and this is my own experience also; and since this part of the spine is the most flexible, and since it is most exposed to overstrain from hyperflexion, we must assume that hæmatomyelia is generally produced by over-stretching of the spine from the head being bent too far forward on to the chest. And this is the history of such patients. They meet with their accident from so falling (or by some weight so falling on them) that the head is thrust forward towards the sternum, as when a bale of wool falls from a warehouse on to a man passing below; or the huntsman is landed over his horse's head in the field and turns a somersault; or where (as in our patient) it is a mere fall of six feet on to the back of the head. It must be remembered, however, in such and similar accidents, dislocation, or more usually dislocation-fracture is likely to occur; and the hunting-field affords occasions to see all varieties of results from such falls, from a simple sprain of the supra-spinous soft parts, causing a large hæmatoma over the vertebra prominens, to a downright fracture-dislocation with disruption of the cord.

Hæmatomyelia, therefore, as a pathological and clinical state must be sought for where other gross lesions can be excluded; and given the peculiar style of accident above described, local tenderness at the root of the neck behind, but without marked signs of fracture-dislocation, and with the peculiar nerve symptoms I will now mention, and you have the strongest reason for diagnosing small hæmorrhages into the spinal cord.

Just at first the case may resemble one of total injury to the cord, in there being complete paraplegia, urinary retention, priapism, etc., or from the first there may be scarcely any nerve symptoms in the legs, all being confined to the upper extremities, but where the lower part of the body is at first affected, it is likely shortly to improve, the more permanent symptoms localizing themselves in the arms. The onset of symptoms is nearly—not quite—always immediate; localized or general anæsthesia and paræsthesia are observed, with some hyperæsthesia, and in less degree interference with muscular power, and if improvement occur motion is recovered before sensation. These symptoms are explained by the fact that the hæmorrhage—often hardly more than punctate—is generally in the grey matter rather than in the white. Local tenderness over a limited area of the spine, rather than for a long distance up and down, will be observed, but no hyperæsthetic area above the level of the paralysed parts will be found, for the injury is not one of the peripheral nerves or spinal roots. Owing to the situation of the lesion, the peripheral manifestations of it mainly involve some branches of the brachial plexus, and for the same reason there is minute contraction of the pupils very frequently from destruction of Budge's ciliospinal centre. A high temperature in twenty-four hours is also usually noted, but the explanation of this is at present unknown. The presence of a "heat centre" at the root of the neck has been inferred from this phenomenon.

Whilst the prognosis is usually considered bad—and the cases I have known bear this out—yet Thorburn has evidence for thinking that more cases recover than are supposed to; perhaps some of the cases regarded as examples of that more than questionable injury, "Spinal concussion," are cases of hæmatomyelia.

Let me now point out how our case illustrates the remarks I have been making. His mode of injury at once suggests that the head, struck behind, was driven downward into his chest, *i.e.*, the spine was hyperflexed; and whilst there were some symptoms of a general paraplegia, the clerk quickly observed that the upper extremities were more involved than the lower. His report, however, deals mainly with the motor condition. I think some sensory disturbances must have been present, yet you will

observe that the pathological state—*i.e.*, of hæmorrhage into the grey matter—which is the usual one, and which is employed as explaining the preponderance of sensory over motor symptoms in a typical case, was absent here, for the hæmorrhage, as shown post-mortem, was confined to the white matter. Thus we can see that motion would be affected over sensation, and for the same reason, probably, there is no note taken of myosis, which had it been present I am sure Mr. Hovenden, the clerk, would not have overlooked. I am doubtful too if the rise of temperature can, in this case, be attributed (for the same reason) to central nerve injury; and more especially is this likely, since it seems to have gradually risen as the pneumonia developed, reaching its maximum on the day of the man's death.

This case, thanks to the carefully taken report, is also a classical example of localization of spinal injury, the working out of which subject clinically we largely owe to Thorburn; and indeed in his book, as also in a paper in "Brain," vol. ix., 1886–7, p. 512, you will find a picture exactly representing what was seen in this man.

The post-mortem report says that the lesion corresponded to the levels of the 5th and 6th cervical nerves; the clinical report says, he lay in bed with the arms abducted (*i.e.* by deltoid), the elbows flexed (*i.e.* by biceps and brachialis anticus); so the nerve-supply of these muscles was untouched, and these nerves are known to be supplied from the 5th cervical nerve: but, it adds, the wrist was dropped (*i.e.* the extensors were paralysed), and these are known to be supplied by the 6th cervical nerve. The diaphragm was unaffected, because the phrenic comes off higher still; while the intercostals (amongst other muscles below) still active, show that there was no real block in the total conductivity of the cord. All these put together show the cord injury to be exceedingly partial, and its location to be just between the levels of the 5th and 6th nerves.

The position in which the upper extremities were held, if you will picture it to yourselves, from the description given, was as nearly as possible that of a dog when he sits up begging, *i.e.* elbows flexed and from the sides, and wrists dropped. The "begging" position, therefore, in a spinal injury points to 5th and 6th cervical spinal area as the part affected; and as it is the spot very often injured by hyperflexion this combination of symptoms may be well borne in mind.

Treatment in this case was purely "expectant," which is, surgically speaking, "doing nothing"! Yet this probably is better than "doing something," for it is difficult to see how operation could be of service in punctate intraspinal hæmorrhage; but if there were any doubt as to the true nature of the case, or if it were thought that bone pressure were present, or hæmorrhage in the meninges, then an exploratory laminectomy would be at least justifiable if the general state of the patient were such as to permit operation at all. Whether actual incision carried into the cord itself to the site of the small hæmorrhages would be of use, remains to be seen; to say the least of it, their exact localization for operative purposes must in many cases be impossible.

Hæmatorachis.

We are indebted to Mr. Davies-Colley for the use of the report (by Mr. Stamford) of the following case; it was more typical than any I could find from our own wards.

Henry M., æt. 49; admitted March 25th, 1895. When drunk he had fallen downstairs, landing on his head and back. He had a scalp wound near the temple; was quite conscious when admitted but his great complaint was of "pins and needles" in both his hands and in both forearms; he had perfect muscular control over the upper extremities, but there was distinct diminution in power; there was hardly any grip in the left hand, and that in the right hand was much below normal. On March 26th, the dynamometer showed the grip to be right 30, left 0, taking the normal at 100. On the 28th right 40, left slight. He rapidly improved by rest in bed, and on April 11th he was discharged with scarcely any tingling in the hands; the grip in both was much improved.

Now, hæmatorachis or spinal meningeal hæmorrhage, unless it occur to such extent as at once to block all functions of the cord, is characterized by the following symptoms: After injury, direct or indirect, whether blows or sprains, and with or without gross lesion of the spinal column, the patient complains of severe spinal pain, generally extending for some inches; "pins and needles" a severe lancinating pain referred to the periphery of some of the spinal nerves, whose roots are being irritated by the extravasated blood, with or without muscular spasm or even spastic rigidity from the same cause. If the muscles of the back are involved, opisthotonos may result; or so general may be the spasms as to suggest a true convulsive seizure. If the blood, from pressure, causes any paralysis, it is rarely complete,

The case I have read, as far as it goes, is very typical; the hæmorrhage (which, by the bye, is usually extradural) must have been slight; there was no noticeable local pain, though that at the periphery from nerve root irritation was very marked. On the left side pressure was even exerted, probably near or at the exit of the nerves through the spinal foramina, and hence the temporary loss of grip in the left hand.

The limited character of the hyperæsthesia, paræsthesia and motor power impairment point to blood effusion limited in extent, and the rapid recovery is consistent with its being slight in amount.

The treatment, again, was merely "expectant," but, had the man not quickly improved, an exploratory laminectomy would have been as necessary as is the operation of trephining the skull when extradural hæmorrhage is diagnosed in a case of head injury.

In contrasting these two conditions of hæmorrhage: the one *into*, and the other *on to* the cord, we may note especially that the symptoms are likely to suggest only limited injury to the nerve structures; and whilst in hæmatomyelia, apart from the myosis and rapid rise of temperature, the symptoms point to interference with the cord as a conducting medium; in hæmatorachis it is the nerve roots that are affected, causing peripheral hyperæsthesia, etc., and the extensive local spinal pain, which is sometimes seen, is accounted for by the irritation of the dura by the extravasated blood. No mention of this symptom is made in the report of the case I have just read to you.

Hospital News.

CLASSIFIED LIST OF CASES.

In the Medical Wards.

Circulatory System.

Mary	4.	Aortic regurgitation. Angina pectoris.
	7.	Mitral stenosis and regurgitation. Aortic regurgitation.
	10.	Chlorosis.
	11.	Ulcerative endocarditis. Pulmonary regurgitation.
	18.	Mitral regurgitation.
	19, 26, 50.	Mitral stenosis and regurgitation.
Philip	12, 38, 45.	Aortic disease. Mitral regurgitation.
Stephen	27, 39.	Mitral regurgitation.
	32.	Aortic regurgitation.

Nervous System.

Mary.	2.	Sarcomatous tumour of brain.
	3.	Alcoholic neuritis.
	13.	Sciatica.
	27.	Hysteria.
	28.	Left hemiplegia.
	30.	Chorea. Mitral regurgitation.
	32.	Chorea.
	46.	Disseminated sclerosis.
Philip	19.	Hydrocephalus.
	21.	G. P. I.
Stephen	9.	Chorea.
	15.	Paraplegia. Chronic myelitis.
	24.	Diphtheritic paralysis.
	31.	Locomotor ataxy. Ulcerative colitis.

Alimentary System and Abdomen.

Mary	8.	Ascites. Syphilitic cirrhosis of liver.
	9.	Ascites.
	16, 22, 39.	Gastric ulcer.
	33.	Ascites. Cirrhosis of liver.
	42.	Jaundice. Malignant disease.
Philip	1.	Carcinoma cardiac end of stomach.
	8.	Appendicitis.
	10.	Ulcerative colitis.
	20.	Dilated stomach.
	22.	Ascites. Pleural effusion.
	25.	Œsophageal stricture.
	34.	Tuberculous peritonitis.
Stephen	23.	Jaundice.
	24.	Jaundice. ? Hypertrophic cirrhosis.

Genito-Urinary System.

Mary	25.	Diabetes mellitus.
	47.	Chronic nephritis.
Philip	7.	Chronic tubal nephritis.
	15.	Hæmaturia. ? Cause.
	29.	Chronic tubal nephritis.
Stephen	6.	Diabetes mellitus.
	13, 28.	Chronic nephritis.
	18.	Hæmaturia. Acute nephritis.
	33.	Chronic tubal nephritis.

Respiratory System.

Mary	21.	Pleuritic effusion.
	29.	Phthisis.
	35.	Acute bronchitis.
	40.	Hæmoptysis.
Philip	3.	Phthisis. Tuberculous left testicle and left knee joint.
	6.	Pyo-pneumothorax.
	23.	Bronchiectasis.
	32.	Pneumothorax.
	33.	Phthisis.
Stephen	20.	Left pleuritic effusion.

Miscellaneous.

Mary	44.	Rheumatic fever.
Philip	2.	Spinal caries.

Philip	4.	Mastoid abscess.
	11.	Lupus vulgaris.
	27.	Eczema.
	31.	Psoriasis.

In the Surgical Wards.

Cases under Mr. Howse.

Accident	14.	Fractured patella.
Naaman	2.	Suppurating corn. Analgesia, etc.
	3.	Anthrax.
	4.	Fistula in ano.
	11.	Hydrocele.
	12.	Malunion of femur.
Charity	10.	Ankylosed hip. Pain and swelling in joints. ? Acute rheumatism.
	18.	Cystic disease of both breasts.
	Cot.	Prolapse of rectum.

Cases under Mr. Davies-Colley.

Cornelius	6.	Dislocation of elbow.
	7.	Lacerated wound of hand.
	9.	Concussion. Bleeding from ear. Facial paralysis.
	15.	Fractured ribs.
Lydia	3.	Fractured tibia and fibula.
	5.	? Rodent ulcer of nose.
	7.	Fractured ribs.
	8.	Hydrocele of canal of Nuck on left side, simulating inguinal hernia. Fatty and fibrous mass on right side, simulating femoral hernia.
	18.	? Hydrocele of canal of Nuck.
Luke	7.	Melanotic sarcoma on hand.
	9.	Scirrhus mammæ (male breast)
	10.	Recurrent appendicitis.
	11.	Enlarged prostate. Retention.
	13.	Retention. Cock's operation.

Cases under Mr. Lucas.

Job	2.	Glands in neck; ? malignant.
	8.	Colotomy (child of 6), traumatic.
	20.	Recurrent carcinoma of male breast.
	16.	Varicocele and varicose veins.
	23.	Fistula in ano.
Lydia	10.	Cicatricial laryngeal stricture.
	14.	Cholecystotomy.
	16.	Hysterectomy.
Charity	3.	Floating kidney.
	23.	Recurrent cavernous growth over tibia.

Cases under Mr. Golding-Bird.

Martha	3.	Chronic bursitis.
	Cot.	Hip-joint disease.
Lazarus	3.	Varicose veins.
	7.	Delayed union of tibia and fibula after compound fracture.
	14.	Hydrocele of tunica vaginalis.
	15.	Fistula in ano.

Case under Mr. Jacobson.

Naaman	21.	Recurrent epithelioma linguæ. Removed four years ago.

Cases under Mr. Symonds.

Martha	14.	Re-amputation for chronic ulcer on stump.
	15.	Sarcoma of lower jaw. Enucleation.

Case under Mr. Dunn.

Martha	12.	Kidney tumour.

"Clinical."

John	1.	Hydro-pericardium.
	3.	Pernicious anæmia.
	4.	Typhoid. Convalescent.
	5.	Biliary fistula.
	7.	Opium poisoning.
	10.	Hodgkin's disease.
	11.	Carcinoma of liver.
	12.	Diarrhœa. ? Lardaceous disease.
	13.	Locomotor ataxy. Gastric crisis.
	14.	Ulcerative colitis.
	15.	HCl poisoning.
Miriam	17.	Acute rheumatism. Chorea. Pericarditis.
	18.	General peritonitis (anti-streptococcic serum)
	19.	Laryngeal ulceration and obstruction.
	20.	Gastric ulcer.
	21.	Mediastinal growth.
	24.	Mitral disease. Perihepatitis.
	25.	Sloughing fibroid.
	27.	Acute intestinal obstruction.
	28.	Pleurisy and pneumonia.
	30.	? Rheumatic shoulder-joint; pyrexia.
	31.	Acute bronchitis.
	32.	? Cerebellar tumour. Exploration.
	33.	Acute epiphysitis.
	34.	Broncho-pneumonia.
	36.	Empyema.

Nursing News.

Many of our readers will have heard of the departure of four trained English nurses, on April 16th, for Athens. They went to the Crown Princess of Greece, to be sent by Her Royal Highness to any part of the Grecian army she thought fit, to aid the wounded in the military hospitals. Since then a further demand has been telegraphed by the Princess for six more nurses, and two of our own nurses are amongst the selected. They will have left London by the 8.30 express from Charing Cross on the evening before this reaches our readers' hands, in order to catch the express P. & O. boat from Brindisi. Nurse Fox and Nurse A. E. Davidson will leave us with our heartiest good wishes for their protection in danger, and health and strength for the trying scenes and hard and difficult work they are voluntarily undertaking.

At the moment of going to press we learn that there is a further request for two nurses, and in consequence the next two volunteers on the list are also to go to Athens, Nurse Sherman (Job ward) and Nurse Coombes (Lazarus ward).

It is only at great inconvenience to the nursing staff that four head nurses are so suddenly allowed to leave the hospital, and it will, we fear, be impossible to spare any more fully certificated nurses at present.

Syllabus for L.D.S. Examination.

By E. T. E. Hamilton, M.D.

ANATOMY.

Bones.—All head bones, especially frontal, occipital, malar, parietal, upper and lower jaws. Orbit and skull base.

Hyoid, clavicle, sternum, scapula, cervical vertebræ, first and second ribs.

(Some knowledge of the rest of the skeleton is required.)

Temporo-maxillary joint.

Cervical and occipito-atlantal articulation.

Sterno-clavicular and clavículo-scapular ligaments.

All *Muscles* of head and neck, particularly those of mastication and deglutition; also muscles attached to hyoid and the scaleni. Triangles of neck, face, scalp.

Buccal Region.—All salivary glands. Pharynx, soft palate, tongue, mouth, tonsil, œsophagus, trachea, thyroid gland, larynx (elementary), nasal fossæ, and air sinuses.

Brain.—Sinuses of dura mater, circle of Willis, membranes of brain and spinal cord, meningeal vessels, brain (elementary), cervical and brachial plexuses, posterior primary divisions of cervical nerves. Cranial nerves, especially V., VII., IX., XII.

Miscellaneous.—Heart, great vessels, pericardium, pleura (elementary), subclavian arteries and branches. External ear, middle ear, antrum, and eustachian tube. Pterygoid region with spheno-maxillary fossa. Chief lymphatics of head and neck, with their terminal trunks. Great veins of neck. Cervical fascia and its processes.

SURGERY.

Phenomena of Inflammation.—Results, ulceration, suppuration, acute abscess formation, sloughing, gangrene, necrosis, sinus, fistula, composition of pus. Boils, carbuncles, chilblains, styes.

Fever and its characters.

Wounds.—Different kinds. Wound infection, micro-organisms and their influence. Sapræmia, pyæmia, erysipelas, cellulitis, tetanus. A scalp wound and its possible complications. Bruises, burns, scalds.

Repair.—Scars, changes they may undergo. The principles of asepsis.

Hæmorrhage—Primary.—Natural arrest and repair of vessel. Artificial arrest. *Especially* bleeding from wound of interior of mouth, tongue, cheek, lip, tooth socket. Ruptured varicose veins.

Reactionary hæmorrhage. Secondary hæmorrhage, causes, treatment. Excessive proneness to bleed, hæmophilia, etc. Effects of hæmorrhage.

Syphilis.—Acquired and congenital. Special reference to teeth, mouth, tongue, and bone.

Aneurysm and cirsoid aneurysm.

Malignant disease, signs of malignancy, carcinoma v. sarcoma. Melanotic sarcoma. Lupus, rodent ulcer, cancrum oris.

Diseases of tongue, e.g.—

Wounds, scalds, congenital defects. Acute glossitis, mercurial glossitis. Lingual quinsy. Chronic superficial glossitis.

Ulcers of tongue and mouth, e.g.—

Simple (traumatic, dental, dyspeptic, whooping-cough). Mercurial. Tubercle and lupus. Syphilitic (three forms). Thrush. Malignant.

Tumours.—Simple, malignant, cysts. Excision of tongue.

Ranula.—Salivary calculus and fistula, mumps, parotid and submaxillary adenoma, etc. Dermoid and sebaceous cysts, nævus, lipoma, ganglion, eczema, psoriasis, syphilides, tinea tonsurans, scabies, pediculi, anthrax, or malignant pustule.

Diseases of bone.—Osteitis, periostitis, osteomyelitis, acute and chronic, caries, acute (infective) necrosis, necrosis, quiet necrosis. Caries of spine. Osteomalacia, osteitis deformans, acromegaly, rickets.

Growth.—Simple:—Osteoma, multiple exostoses, chondroma. Sarcoma central and peripheral. Carcinoma by secondary deposit and by direct invasion. Odontomata. Hydatid of bone.

Excision of jaws.

Concussion.—Compression and contusion of brain. Fractures and separation of epiphyses, especially fractured base. Middle meningeal hæmorrhage.

Injuries.—Fractured jaws, treatment. Dislocation of lower jaw.

Anæsthetics.—In common use, risks of anæsthesia.

Miscellaneous.—Foreign body impacted beyond fauces.

Laryngitis, laryngotomy, tracheotomy and complications. Cut throat.

Cleft palate and hare-lip. Feeding of infants.

Affection of lymphatic vessels and glands, primary and secondary.

Affection of tonsil, nasal polypus, adenoids, ozœnas, pharyngeal polypus, diseases of antrum of Highmore. Post-pharyngeal abscess.

Fixation of lower jaw, causes and treatment. Diseases of joints, acute and chronic. Facial paralysis, otitis media, septic thrombosis of lateral sinus, pyæmia, meningitis, brain abscess. Epistaxis, ophthalmia. Diseases of gums, epulides. Diseases of thyroid. Otitis, corneal ulcers, and keratitis.

PHYSIOLOGY.

Fœtal circulation, relation of placenta to the embryo, changes at birth and subsequently.

Food Digestion and Assimilation.—Proteids, gelatin, fats, carbohydrates, salt, water.

Composition of various articles of diet, *e.g.*, meat and fat, bread, potatoes, soup, milk, sugar in various forms, jelly.

Action of saliva on food stuffs.—Ptyalin ferments generally, organised and unorganised. Nerves controlling secretion of salivary glands. Structure of salivary glands. Changes during state of activity and rest.

Mastication and deglutition.

Gastric digestion.—Structure of gastric glands, tests for peptone and albumose.

Vomiting.—Its mechanism.

Pancreas.—Structure, its duct, constitution and action of juice.

Liver.—Structure of lobule. Circulation. Hepatic ducts, portal canals, Glisson's capsule, gall bladder, cystic duct, common bile duct.

Bile.—Its constitution, action, and uses.

Intestine.—Structure of wall, valvulæ conniventes, villi, succus entericus, constitution and action, peristalsis, diarrhœa, colic. Changes in contents of large intestines.

Defæcation.—Absorption of food products in stomach and intestines, route of absorption for proteids, fat and sugar.

Chyle.—Lacteals, receptaculum chyli, thoracic duct.

Glycogen.—Radicals of portal vein in intestinal wall, portal vein and its anatomy.

Fat.—How formed in body.

Carbohydrates.—How formed in body.

Proteids.—How replaced.

Naked eye appearance of different parts of alimentary canal.

Respiration.—External interchanges between blood and air. Internal interchanges between blood and tissues.

Structure of respiratory organs, rate of breathing, effects of age, etc. Movements of chest wall, muscles and nerve supply, toxic recoil of lungs, changes in larynx during breathing, cough, nerves of larynx. Capacity of lungs, tidal air, etc. Diffusion.—Nerves of respiration, respiration centre, elementary experiments, effect of vagus and of superior laryngeal nerve on respiration. Choking, apnœa, asphyxia. Chemistry.—O and Co_2, how carried in blood. Ventilation.

Circulation.—Blood constituents, microscopic size of corpuscles, coagulation, structure of heart, action of heart, phenomena of bleeding artery, vein, and capillaries, blood pressure, peripheral resistance.

Aids to circulation.—(1) Respiratory movements, (2) valves of veins, (3) pulsation of neighbouring arteries.

Events of cardiac cycle.—Pulse, definition, relation to blood pressure, rate of travel, pulse-tracing interpretation, pulse rate, effect of age, etc. Nerve centre of heart.

Nervous system.—Reflexes, definition, examples. Path of voluntary motor impulse and other efferent impulses; path of efferent impulses, including special senses.

Structure of grey matter, white matter, nerve fibres (elementary), spinal cord.

Excretion by kidney.—Its structure; urine constitution, urea, etc. Micturition.

by *skin.*—Composition of sweat, structure of skin.

by *intestine, lungs, mucous membranes.*

Temperature.—How regulated, warm and cold-blooded animals.

Muscles.—As motors.

As heat producers.

Phenomena of contraction.

Special senses.—Short account of touch, sight, hearing, smell, taste, muscular sense, their motor mechanism.

Correspondence.

To the Editor of Guy's Hospital Gazette.

"The Dead Alive."

Sir,—The article under the above heading in your last issue reminds me of an incident that occurred in my practice some time ago. I had delivered a woman at term of a child which was puny and of low vitality. Consequently I was not surprised one evening a few days after to see a messenger walk into my surgery to tell me the child was dead, and ask for a certificate. Innocently enough I gave him one, which he took to the Registrar, and the death was registered in proper form. The man then went home, but he quickly reappeared in great consternation, saying that the child was still alive. What was he to do? I told him that the child must be taken care of and kept alive if possible, but he must go again to the Registrar and acquaint him of the facts of the case. He did so, and was informed by that official that the Registrar-General did not allow any alteration of an entry in the official register after it had once been made. He had better go home and await events.

The child died *secundum artem* two days after, much to the relief of all concerned.

St. Agnes, April 17th. WM. WHITWORTH.

A Holida to Montreal.

Dear Sir,—I should be glad to hear from other Guy's men who, like myself, are proposing to visit Montreal this summer for the meeting of the British Medical Association. By forming a party I think we might make the trip not only more valuable from an instructive point of view, but also render it more pleasant for those travelling.—I am, yours faithfully,

The Infirmary, Leicester, April 19th. R. H. FAGGE.

Tongue Depressor and Insufflator.

Dear Sir,—With reference to the Tongue Depressor with glass shield, illustrated in your issue of April 10th, we venture to point out that the instrument described is a modification of one which we made originally for Dr. Hale White, which was described in the *British Medical Journal* of August 29th, 1891, and, curiously enough, the original instrument is made with a metal rim, which you suggest as an improvement.—Faithfully yours,

p.p. DOWN BROS,
D. H.

Report of the Keogh Testimonial Fund.

Dear Mr. Editor,—I think that as the Keogh fund has reached the eminently satisfactory sum of £108, some report should be made to the two hundred and

twenty subscribers of the manner in which it is proposed to distribute the same. I hope that an officially audited account will be ready for publication in the next Gazette. It was originally intended to invest the money in an annuity, but a careful consideration of the old lady's state of health and age led me to change that plan and commence drawing on the principle at once. Eight shillings weekly was the sum decided upon, which together with the eleven shillings and sixpence, the hospital's weekly pension, will enable the old lady to be comfortable for many a day.

At the above rate of distribution, this amount of money will last just over five years: subscriptions are still coming in, and the generous response to this appeal assures me that if more money should be needed in the future, Guy's men will see that it is forthcoming.

The money is to be handed over to the Matron, who has kindly undertaken the duty of seeing that it safely reaches its destination. By this means the old lady will be kept under observation, and at once can receive any attention, medically or otherwise, should occasion arise.

"Auntie" is at present living in her old rooms in Stephen Street, but I hope she may be persuaded to come even closer to Guy's. By the bye, she is always delighted to see old faces.

Letters have been received from all parts of the world, Hong Kong, Cape of Good Hope, Australia, Malta, etc., etc., and I think perhaps a few extracts of some of these letters will show, if, indeed, it is necessary, how sincere was the affection the "old soul" had won in the esteem of all:—

"I only regret that such a small donation cannot give the dear old lady as much help at the close of her professional life as she afforded me at the commencement of mine."

Another writes;—"Your letter speaks of her now as everyone would have spoken of her twenty years ago. No testimony could be more eloquent of her devotion to Guy's and to the residents."

So, again:—"I am not a millionaire, but in the matter of dear old Auntie I would gladly contribute becomingly. Give the dear old lady my love and a kiss from me."

"Enclosed is a small subscription to dear old Auntie's testimonial. Around her personality cling so many recollections that one seems to feel a parting pang even at a distance."

I will not add any more except one, from the widow of a well-known old Guy's man, she herself being an old Guy's nurse:—

"Your notice in the Gazette has brought back to my memory many acts of kindness and sympathy from Mrs. Keogh. In the days when I was a young and very ignorant probationer under Miss Burt, when I was on duty and hardly knew how to cook my own midnight meal (the nurses in those days were not treated as they are now), Mrs. Keogh has often shared her toasted herring or boiled tea with me. To this day I retain the very kindest memories of Mrs. Keogh. I enclose a cheque, which, of course, is very small, but if you will tell me where to send it, I will send the same every year."

It is proposed to spend a small sum on the enlargement of the old lady's photograph, the picture to hang in the front surgery, the place where she for years has served Guy's and Guy's men so well.

In conclusion, I beg to offer you, sir, many thanks for your great assistance in collecting the testimonial, and the same to all the many donors who have so substantially responded to the appeal.

I have a special message from "Auntie" to say how deeply grateful she is to all her "old boys," as she terms them. She quite broke down when I read her extracts from the letters; she remembered every writer, saying, "this is his photograph," or "he married so-and-so," or "he sent me his wedding cake," or "he was one of my good boys," or ——— *vicé versa*.

Should, through any inadvertence, some subscriber's initials have been omitted from the published lists, I hope he will at once kindly notify the same to me, so that the omission can be rectified.—Yours very sincerely,

CECIL E. CARPMAEL.

Ninth List.	£	s.	d.
A. E. K., H.M.S. *Daphne*, China Station, Manila	0	10	6
J. McD. G., Sydney, Australia	0	10	0

Tricks of the Trade.

I think it has probably struck most men who have gone into practice, how much more there is in it than they had any idea of while they were still at the hospital, and thought themselves fully equipped, with a stethoscope and a Guy's Pharmacopœia, to take part in the struggle for existence; and it has often seemed to me a very desirable thing if those who have gone before and learnt their lessons by bitter experience, would save the younger ones some of this trouble and perhaps concomitant loss, by telling them, if it were possible, wherein lies the difference between the sixth year's man and the successful general practitioner; and so I take up my pen, not, God wot, because I can call myself one of the latter, but in order that I may stimulate, it may be, other and wiser men than myself to give the young ones a lift.

Now, there are many kinds of practice, and I can only pretend to a partial knowledge of one—that in an entirely rural district. Herein I flatter myself that I can give some useful hints to anyone who means to take it up, and I do so in the hope that those in other and loftier ranks of the profession will in the same way give you an account of the tricks of the trade that they have found useful in their particular branch. I say loftier, because there is, alas, no doubt that we country practitioners are a scratch lot—men of little account in the general estimation—and therefore, I suppose, truly, the rich want the big man from the town if the temperature goes over 100°, and the poor prefer the diagnosis of the

dresser in the country infirmary to ours, and we, good easy men that we are, can do nought but suffer.

The first thing to be done is to select a practice—and here the student should be guided by his personal tastes. No man in his senses would think of setting up in village practice unless he were fond of sport, and according to the particular sport he prefers so will he choose his county—Norfolk or Suffolk for shooting, the Midlands for hunting, and so on.

In looking at a practice, always get the would-be vendor to drive you on a round with him, if possible, and keep a bright look out for *large houses*. No matter how many villages he may go into, unless these villages contain large houses they will not pay. You cannot make a living in the country, where you have a stable to keep up, out of the poor alone. Further, make sure that he attends those large houses—not the servants only, but the masters. It is too often the practice of country gentry to get the village doctor to physic the servants, and to send to the nearest town when they are ill themselves.

For that reason, don't buy a practice too near a large town. You must, of course, take all possible means to assure yourself of the bona-fides of the practice. A useful rough rule is, that if you multiply the average number of confinements attended in the year by ten, you get approximately the takings in pounds. It is most important to have the books thoroughly gone over by an accountant, and on no account to buy a practice the books of which are in disorder, except at a nominal figure, where there is obviously a good living to be made.

Do not be rushed into settling at once. You will very likely be told that there are two or three other men coming down to look at it by the next train, and the vendor will want you to say definitely one way or the other. I remember one practice I went to see in the West of England, where, as the doctor drove me back to the station, we met a long procession of gentlemen in top-hats and carpet bags, all coming to see the practice. Don't settle till you get home. You will look at things much more reasonably there, and it is better to lose three good chances than sink all your capital in a swindle.

Don't buy a death vacancy. They are all right for experienced men who have been in practice for some time, but the risk is too great for a beginner.

It is well to bear in mind that a man who wants to sell does so because he is dissatisfied. Of course, it occasionally happens that a man has no longer any occasion to earn his living, in which case he is sure to tell you so directly, but as a rule there is something he does not like. Perhaps the next-door man is getting his patients, or the neighbourhood is going down, or the works in the next parish are going to close, or he has quarrelled with his clubs, or "done something."

"Practitiam erupturus cave ne decipiaris."

Be guided also by the manner of man he is. The better the man, the worse the bargain. It is a common practice for smart, active men to buy practices that have been neglected, work them up as far as they will go, and then sell them. You see the books, the takings rising steadily every year for the three or four years the incumbent has held the practice, and you say to yourself, "It is £600 now; in three years, at this rate, it will be £1,000." *Experto crede*, it will be £550.

Your predecessor knows the ropes; he is up to every dodge in the pursuit of other men's patients, and those dodges are many. He is of pleasing appearance, and he is anything but shy. You will find that he has squeezed the practice for all it is worth, having, in addition, doubled his fees during the last year, as he knew he was going, by which he has considerably increased his takings, and more than considerably reduced yours to come. He will probably be charging you two years' purchase on his takings, and he will also most likely want to stick you with his book debts at his own valuation.

On the other hand, a drunkard, an idler, or an incompetent man is an ideal predecessor. You must remember that to get new patients in practice you must always go one better than the last man.

Don't buy a practice where the vendor has only been there a year or less. Changes always mean loss of patients. The more the changes, the greater the loss.

Find out who the men are round—how far off, how old, and how long they have been there. Don't buy a practice with a young, energetic next-door neighbour who has been there just long enough to get known. You will find whole villages going over to him *en masse* after a month or two; and don't for goodness sake think because you know your work and are a gentleman, that you are bound to cut everyone else out. You will find Dr. Bloggs, the butcher's son, four miles away, who sells zinc ointment over the counter, collar your patients in dozens at first.

Whatever you do and whoever you are, the first year's takings will be a drop. It takes two or three years, if not more, to get a footing, so don't get discouraged if you do badly at first. A chance word you spoke in a hurry to a dispensary patient may get spread about, and twisted round, and exaggerated, and do you no end of harm—harm which only years of steady work and sticking to it can undo.

If after settling you find the house too small, the garden overlooked, or the society scarce, never mind. Stick it out, at all events, for three or four years. You will be very little older at the end of that time, and you will be incomparably wiser, and more than all, when you do go you will probably get your money back.

Now, I don't doubt that, to many of you, all this will seem insufferably sordid and commonplace. It would have done to me, I know, when I left Guy's; but you must remember that you have to labour, *firstly*, "to get your own living," and, *secondly*, "to do your duty in that state of life," etc.

Charity begins at home, and the wife and the little ones have claims stronger and more binding than the most necessitous of your patients.

That point of view is never taken in hospital work, and it is well it should be so, but you will find it inconveniently obtrusive when you leave, and find a household collecting round you whose daily bread is dependent on the profitable exercise of your brains and muscles.

There is much I should like to talk about in regard to the details of country work, but I have already trespassed, I fear, far too long on your space, and will keep it for another letter, if you would care to have one.

H.

Skiagraphy in the Hospital.

Preparations for installing the new skiagraphic apparatus go on apace, and at present comprise a 10-inch spark coil of English make, by Messrs. Millar & Woods of Gray's Inn Road; and two special double pole vacuum tubes, one of high resistance for skiagraphing the thicker portions of the body, and the other of low resistance for obtaining clear and rapid impressions of the hand and foot.

There are also 50 ampère-hour accumulators by Messrs. Watson Bros. of Cockspur Street, Charing Cross, and a 12in. by 9in. double coated platinum platino cyanide screen from Berlin, for instantaneous work.

The bedroom belonging to the Sister in Accident ward has been given up for the purpose, and when completed will contain the apparatus, which is at present in the electric department, and a special universal jointed bar bracket for placing the tubes in position to take any portion of the body. The place itself will be lighted by electricity.

It is intended that the room when ready shall for the present be available for skiagraphy, and the electrician be in attendance from 12 till 12.30, and 2.30 till 3 o'clock every week-day except Saturday, when the time will be from 12 till 1 p.m.; rules no doubt being issued to this effect.

From the Gazette's Special Pathologist.

NOTICES.

A. L. S., Manchester.—Sections of this breast show extensive lobular mastitis of an acute type. In places the inflammatory tissue is breaking down into small abscesses. The disease has apparently spread inwards along the main ducts.

W. J. C., Morley.—*No tubercle bacilli could be found* in the sputum.

J. S. S., Tavistock.—This deposit consisted entirely of well-formed crystals of uric acid pigmented with the normal urinary pigment.

J. E. F. H., Warminster.—The tissue from the cervix uteri is infiltrated with inflammatory products, and the surface covered with granulations. The glandular follices are distended, but there is no evidence of malignant disease.

PATHOLOGIST.

Re-Endowment Fund.

Although not coming to the coffers of the Re-endowment Fund, we may appropriately note in this column the receipt by the hospital authorities of £1,000 from Baroness de Hirsch to be applied towards the cost of the Nursing Home. This generous act by the Baroness is in memory of the late Baron de Hirsch, who died on the 21st April, 1896.

Another bed has been founded in perpetuity. We cannot do more than record this gratifying fact, because the donor of the £1,000 has imposed conditions of absolute anonymity. Being deprived of the pleasure of expressing personal thanks in this case, we most gladly announce a donation of £500 just received from Mr. Walter James.

By a remittance of £56, the Committee of the Shortlands Fancy Fair have now brought their contribution to the Fund up to the remarkable total of £1,250, and in the end they hope to provide a further £250 in order to complete the endowment of a cot as well as a bed. In the annals of Guy's Re-endowment, the Shortlands enterprise will always stand out as a conspicuous example of success and good will.

The work of raising funds has its humours, although these are generously of the grim order. Communications such as the following are refreshing:—

> Dear Sir,—I have pleasure in enclosing P.O. for 10s. in aid of Guy's Hospital. It has been raised by charging, in an office of six fellows, ½d. per swear-word for three days. I would recommend this method as an easy and profitable means of raising money.—Yours faithfully,
>
> First Floor Front.

To H. Cosmo Bonsor, Esq.

Guy's Hospital Rifle Association.

Ilford Rifle Range will be open for practice on the afternoons of Thursday, May 6th, and Tuesday, May 11th. These will be the only dates available for practice before the first match, so that members are particularly requested to make a point of going down, in order to shoot with the new rifle. All new men who have ever done any rifle shooting are also urged to come down. There are *frequent trains from Liverpool Street.*

W. B. SECRETAN, Hon. Sec.

Pass List.

Second Conjoint Examination, March, 1897.

(Four years' regulations).

J. F. Northcott.

Materia Medica and Pharmacy.—E. H. Musgrove.

Passim.

The Treasurer and Governors have appointed Mr. Charles Herbert Fagge surgical registrar and tutor, Mr. G. Bellingham Smith, demonstrator of surgical pathology, and Mr. J. L. Payne, curator of the dental museum. We offer our most cordial congratulations to all three on their appointments. Mr. Payne is one of the most distinguished junior members of our dental school. Mr. G. B. Smith, by his work as pathologist and registrar, is particularly qualified to teach morbid histology and practical surgery, and Mr. Fagge has recently completed a distinguished career as student, as every Guy's man of the last seven years will know. The Gazette is more especially bound to congratulate the new ophthalmic and surgical registrars on their promotions, inasmuch as both have held the editorial pen for a considerable space of time, and it was only last year that the Gazette committee regretfully accepted Mr. Fagge's resignation of the editorship. Mr. Fagge is a gold medallist; in his palmy days he was an athlete; and he has figured in the musical world—as a manager. We wish him all good luck in the difficult and sometimes tedious work of his new appointment. "The old 'un," by the way, contributes a letter to the present issue.

Amid all the excitement of reading the news every day from the war, it has induced an additional glow of military enthusiasm to hear that two of the staff nurses of the hospital have left and two more are about to leave England for work in the Greek hospitals. The four chosen are to be congratulated on their courage in undertaking the work offered to them; and their friends in Guy's, who have already given some tangible proof of their feelings on the occasion, will wish them strength and good spirits in the times when the excitement has worn off and the work under their charge is wearisome and incessant. The Gazette is now able to vaunt itself in the eyes of all modern journals as the proud possessor not only of a Special War Correspondent, but of one drawn from the ranks of the other sex.

In the correspondence columns will be found the account of the fund which has been raised as a testimonial to Mrs. Keogh. It is satisfactory to find that so considerable a sum as a hundred and eight pounds has been raised without difficulty and that it is not only her "good boys," as Mrs. Keogh called them, that have remembered and will remember her plain advice to their dying day.

Easter has been fairly kind to the holiday-maker this year, in so far as the weather is concerned. April showers with intervals of brilliant sunshine have given every opportunity for the grumbler to grumble, and for the contented person to enjoy himself. As a fact, however, it is our belief that the weather is only the determining force in either case. The grumbler would give out that he was miserable under the most exhilarating circumstances; and the man who was determined to enjoy his holiday would be jovial, even through a three-days' fog. And so it comes that with all the usual attractions and distractions of Easter,—with music and services innumerable, sports, theatres, bicycle tours and volunteers,—most pleasant people have enjoyed themselves; and the few who were unable to take even a day's holiday from the hospital, have the satisfaction of feeling that they were martyrs to their duty.

In the hospital it is not usual to celebrate the season except by decorating the chapel for Easter-day and allowing the patients to smoke on bank-holiday. This year, however, a successful experiment of a year ago was repeated on Good Friday in Job ward, where a series of lantern-slides was exhibited to a goodly gathering of patients, and appropriately explained by one of the regular visitors to the hospital. An entirely new venture was made on Monday, when a few of our professional musicians and entertainers arranged an impromptu concert in the same ward in the style, now almost forgotten, of the Christmas festivities. A considerable number of patients benefited by it, and it was fortunate that through the absence of other ladies' talent two of the sisters were induced to sing.

It is indeed to be regretted that, when there is so much musical talent amongst the nursing-staff of the hospital, it should be allowed to remain dormant, and the patients, at least, be deprived of the charms which are rightly attributed to the divine art of music. In one corner, however, the curtain that has hitherto concealed these latent possibilities is to be raised; for the committee of the Nurses' Choral Society have announced their intention in a printed notice of giving a concert in the Court

Room on Thursday, the 6th of May. Furthermore, this concert is described as the First of their Annual Concerts, so that the Society, which has been formed but little over a year, evidently means to do some good musical work. Tenors and basses have been supplied chiefly by the Disguysed, and we may expect to hear some fine part-singing. Tickets are to be had at the very modest price of half-a-crown apiece on application to any member of the Society's committee.

In the outside world entertainments on behalf of the hospital have been thrown into the shade in view of the approaching celebration of the sixty years' reign. On Wednesday, however, the seventh of April, Messrs. Palmer & Co. gave an evening concert in Brixton Hall in aid of the Re-endowment Fund; and on Thursday next a Blackheath troupe of amateurs, known to fame as the Blackethiopians, intend, with the assistance of an unknown band, classified as Whitethiopians, to give an entertainment for the same purpose in the Concert Hall at Blackheath. This is one of the best negro performances to be seen, and we should advise all who can afford the time to make use of this good opportunity of combining pleasure and charity. Tickets are valued at one, two and four Shillings apiece respectively.

A novel, instructive, amusing and not very edifying tale is told by a correspondent in another column of four young persons in a city office, who, with a view to curtailing their exuberances of language, or to the substantial assistance of poverty in distress, resolved to contribute the sum of one half-penny for every wicked word used during the day, such sums to accumulate for the re-endowment of Guy's Hospital. The result was most satisfactory, at least to the Secretary to the Treasurer, who wishes that many more persons would make the same resolution and speak at least as wickedly as did the four charitable men of the city office. Indeed on the twenty-second of June such a practice would yield a golden harvest. It might be commended too, to the members of the Anti-vivisection Society in speaking of hospitals in general, and of the Guy's new buildings in particular.

Another and most generous promise has been made to the hospital by a family owning one of the smaller shops in a central position in the Borough. Letting seats in their windows at the price of four guineas apiece for the day of the festivities, they have announced their intention of giving all their profits to the hospital, reserving only one window for their private use. Meanwhile the demand for seats has increased so much that at least one house in the Borough is to be pulled down bodily for the occasion, and its place taken by a grand stand, of which a model is shown in the window. Another shop with a very small frontage, containing only the shop window and two other windows above it, has actually been let for a hundred and fifty guineas. It is to be hoped that all this speculation will not end in fiasco and bankruptcy to those who are somewhat rashly hazarding the greatest part of their available capital in this uncertain market.

We regret to announce the death, at St. Dunstan's, Regent's Park, of Lady Aldenham, wife of the late President of the Hospital, who was better known as Mr. Henry Hucks Gibbs, and to whom we tender our sincerest sympathy in his loss.

The work of beautifying the hospital park and grounds goes on apace. Wooden pegs are already driven into the ground at symmetrical distances around Guy's statue; a geometrical figure is worked in similar pegs on either side of the entrance-gate in the corners of the front square; and in the district of the park, adjoining the carriage-shed, a hill is being erected from the cinders of the hospital-boilers. Perhaps the wooden pegs and the cinder hill are only the forerunners of still greater natural beauties that are to spring into life when the Prince comes down to Guy's.

If any old Guy's man has a spare copy of the first volume of Southam's "Regional Surgery," he may earn ten shillings and much gratitude by sending it to the care of the Editor, Guy's Hospital, S.E. It is regrettable that Southam's book should be out of print, and should be so little used in the medical school.

Sport begins again together with the lectures on May the first, the cricket season opening on that day with a match against Beckenham. The cricket, lawn-tennis, swimming, bicycling, and rifle clubs have all arranged good cards of fixtures; and the lawn-tennis courts and the practice-nets for cricket are already in use. The attention of all who can or would like to use the Lee-Metford rifle, is called to the notice in another column to the intent that the range

at Ilford will be open for practice with the new rifle on May the sixth and eleventh only. It is well worth people's while, in the present disturbed state of European politics, to take every opportunity they can of becoming efficient fighting men. If war goes on for long we shall doubtless hear of some Guy's men as well as nurses taking a trip over to Greece or Epirus for an outing.

Thanks to the generosity of its President and Vice-President, the Tennis Club are now in the position to offer for competition a handsome challenge cup with a silver medal, to be competed for annually by men eligible to represent the hospital in cup ties. This ought to give a much needed stimulus to the hospital tennis, and help the committee considerably in their difficult task of choosing the team for the inter-hospital matches, which are played towards the end of June. The competition for the challenge cup and medal will start, it is understood, in about three weeks time.

The St. Saviour's Baths are already open, and club tickets, giving the right of reduced fees, may be had of Mr. C. B. Sells, the honorary secretary of the swimming club.

On Tuesday last Mr. V. E. Collins, having been on duty as Assistant House-Surgeon for three weeks only, developed tonsillitis, and his case was recognised as one of scarlet fever. He has now taken up his abode in the South-Eastern Fever Hospital for six weeks, and applications are invited for appointment to the post which he has thus been obliged to resign. We cordially offer our sympathies to the fallen warrior, and wish him a speedy and safe recovery.

Dr. Hamilton sailed for the Transvaal on Saturday last; but coming at such a time and being so little known, the occasion passed off quietly, and probably there were few Guy's men to see the ship off. It is to be hoped that the "Norham Castle," in which he left England, will make a better passage than has sometimes been the fate of the Cape vessels.

It is pleasant to read of honours and presents conferred on old Guy's men for their skill and perseverance in practice. Surgeon-Captain C. S. Spong has thus received the Queen's permission to accept the Imperial Order of Medjidieh of the 4th Class, conferred upon him by the Khedive of Egypt, in recognition of active and distinguished services before the enemy during the recent Dongola expedition.

Dr. Wilson Eager, Resident Physician and Superintendent of the Melton Asylum, Suffolk, who is leaving after many years' service, has been presented with a solid silver salver and a silver tea-service. The salver is the gift of the present staff, and the tea-service of the past officers of the Asylum. Also Dr. George Black, of Hurstpierpoint, Hassocks, has received the present of a handsome walking-stick as an acknowledgment of his gratuitous lectures to the Hurst Ambulance Classes.

In a letter published on another page, an old Guy's man and house-surgeon suggests the formation of a party of Guy's men to visit Montreal in August for the meeting of the British Medical Association. The idea is excellent; such a meeting is at all times pleasant, if not also instructive, and many friendships are struck up and experiences gained that may be of the greatest value. Furthermore, in the present case an opportunity is given of combining with this object a visit to Canada, and a visit to many beautiful places that are without a parallel in England. If this could be shared by a party of men with such community of interests as is the privilege of Guy's men, the expedition would afford a most enjoyable holiday. Upwards of a month would be required for the purpose, a start being made on about the twenty-first of August. We shall be very glad to receive the names of any who might think of joining the party; and we are endeavouring to make special arrangements for a combined ticket, which shall include all travelling and hotel expenses. The result of these enquiries will be given in the next issue of the Gazette. Meanwhile, a few main facts may be gathered from the *British Medical Journal* for last week.

Appointments.

CIVIL.

Bartlett, B. Pope, M.R.C.S., has been appointed Medical Officer for the Burton Sanitary District of the Shaftesbury Union.

Berry, H. Poole, M.B. Lond., M.R.C.S., has been re-appointed Medical Officer of Health to the Grantham Town Council.

Dundas, Mordaunt G., M.R.C.S., has been re-appointed Medical Officer for the Fanshaw Sanitary District by the Mitford and Launditch Rural District Council.

Paget, Peter, L.R.C.P. Lond., M.R.C.S. Eng., has been re-appointed Medical Officer for the High Halden District of the Tenterden Union.

Glaucoma.

A paper read before the Physical Society on March 6th, 1897, by Mr. A. W. Ormond.

Mr. President and Gentlemen,—The reasons for drawing your attention to the subject of Glaucoma to-night may be said to be many and varied.

When Mr. Targett asked me to read a paper before the society I was working in the eye-wards, and the subject of glaucoma was frequently brought before me. The disease is not a rare one in ophthalmic practice, and it is important to diagnose, since a cure can be effected in many of the cases if the condition is discovered in time. The practical importance and general utility of the subject, together with the fact that ophthalmology does not receive, in my opinion, the attention which it deserves from this society, settled my decision to bring the subject before you to-night.

Before I had advanced far in my reading, I discovered that Guy's, in the person of our distinguished ophthalmic surgeon, Mr. Brailey, had contributed very much to the pathology of glaucoma. So without claiming for myself any special right to speak on this subject to-night, I will rapidly trace the history of the subject and ask your attention especially to the ætiology and pathology of glaucoma.

The disease has been recognised in part ever since the time of Hippocrates, but then it was only noticed on account of the greenish yellow discoloration of the pupil which is seen in the last stages, and then was always in conjunction with blindness.

It was also associated with cataract, and considered to be a more malignant form of cataract.

In Bœrhaaves "De Morbis Oculorum," we find glaucoma mentioned as a variety of cataract, which, while beginning with pain, ends with loss of all light perception, and that the pupil also is noticed to become immovable. But of the increased tension of the eye he says not a word.

Mackenzie in 1830, in his "Practical treatise of the diseases of the eye," first pointed out the importance of the over-fulness of the chambers in glaucoma, and made the first attempt at relieving that condition by puncturing the tunics. He gave completely the differential diagnosis between senile and glaucomatous cataract, viz., that in glaucomatous cataract the eyeball feels firmer than natural, whilst in senile cataract it presents a normal tension.

In 1851, Helmholtz discovered the ophthalmoscope, and Albrecht von Græfe, from observations made by means of this instrument, came to the conclusion that increased tension was not the result, but the cause of the terrible evils which were associated with glaucoma, and as a consequence determined to employ the operation of iridectomy upon patients suffering from this disease, having previously observed that the same operation produced a minus tension in normal eyes.

In 1854, Jaeger described and figured a peculiar change of the fundus in glaucoma, which was considered to be at the time a globular swelling situated at the site of the papilla, but in 1855 Weber published an account of how different depths in the eye can be discriminated, and Muller subsequently gave the first anatomical demonstration of the excavation of the papilla.

So now the question of increased tension received more study at the hands of ophthalmologists.

Bowman first introduced the terms T. 1, 2, 3, with a plus or minus sign prefixed, to denote increased or diminished tension, and this rough method still holds favour because instrumental means have to a large extent, failed and also tonometers, instruments for measuring the tension of the eye, are unpleasant to the patient.

Von Græfe, ignorant of the results of Mackenzie and Desmarres, employed at first paracentesis of the coats of the eye with equally unsatisfactory results. He noticed, however, that in staphylomatous eyes iridectomy was able permanently to lower the tension, and so to lead to a permanent diminution of the staphyloma. He employed it in cases of glaucoma in the early stages, and thus also discovered that all subsequent morbid processes might be arrested by early interference.

This discovery has been of incalculable benefit to thousands of mankind, and although the reason why iridectomy was of so much value and so successful was not known to Von Græfe, yet this has maintained its position as a sovereign remedy to this day for this disease, and to him must be yielded the merit and glory which accrues from so beneficial a discovery. On July 20th, 1870, on the eve of the great Franco-Prussian war, Von Græfe died, leaving to others the work of settling the question as to why iridectomy was successful.

As early as 1855, Donders had made the observation that the anterior chamber was diminished by the adhesion of the periphery of the anterior surface of the iris with the posterior surface of Descemet's membrane, due, he thought, to increased pressure through exudation in the hind part of the eye, and in 1858, Heinrich Müller had noted the adhesion of the iris base to the cornea, but the importance of these observations depended on further knowledge being acquired concerning the matter.

Leber was able to demonstrate that the ciliary body was the chief secreting portion of the eye and that the fluid passed around the lens, through the pupil and out, either by filtration or diffusion at the so called "filtration angle." That is the angle formed by the junction of the anterior surface of the iris with the posterior surface of the cornea where there is indirect communication with the spaces of Fontana and Schlemm's canal, and so with the venous system.

It was not until 1876 that Knies and Weber almost simultaneously published in the Archiv. für Ophthalm. xxii., the important fact that the adhesions at the angle of the chambers is constantly found in glaucoma; and Knies further maintained that glaucoma is primarily due to an inflammation in the neighbourhood of

Schlemm's canal, that is, at the periphery of the iris. If this is true the question is finally settled, but the theory does not explain the known clinical facts regarding glaucoma; for instance, the narrowing of the anterior chamber. If the obstruction at the final exit of the ocular fluids is the first pathological step, we should expect the anterior chamber to be increased in depth, whereas it is diminished. Now, in buphthalmos, which is a congenital condition resembling glaucoma, the anterior chamber is deep, and in some forms of glaucoma due to a fibrous exudation being deposited on the walls of the anterior chamber, the anterior chamber is also deep, so that it by no means renders the case clear to say that obstruction at the filtration angle is the primary cause.

On the other hand, Weber maintains that the obstruction at the filtration angle is secondary, and that the proximity of the iris to the cornea is due to an abnormal swelling of the ciliary processes. Why, then, does the ciliary process swell? Laqueur, of Strassburg, who used myotics in cases of glaucoma with beneficial results, especially when only weak solutions of pilocarpine were used, considered this result as a serious obstruction to the hypersecretion theory.

Priestley Smith holds with Weber the opinion that the adhesion of the iris base arises, under certain circumstances, through abnormal pressure on the part of the ciliary processes. He also maintains that a large lens is a predisposing factor in the production of glaucoma. Developmentally the lens is an epiblastic structure, and consequently continues to grow throughout the whole of life by cell proliferation and increases in size, consequently this explains the comparative immunity to glaucoma in the young, and the liability in the old.

Suellen, at the seventh International Congress at Heidelberg, in 1888, explained how in the young, when an act of accommodation took place, the ciliary muscle contracted and the ciliary processes consequently increased in depth, whilst the lens also decreased in diameter; but in the old, when the lens had become hard, the diameter of the lens did not alter, and consequently during the act of accommodation the circumlental space was diminished. This, combined with Priestley Smith's theory, which I shall discuss later, renders the existence of errors of accommodation and refraction rather serious in the old, consequently a little care and timely inspection might assist the matter. I think that a more careful study of the actual pathological conditions found in excised glaumatous eyes, especially those of early and incipient glaucoma, and less speculation on possible theories, would certainly be a more scientific if less brilliant course to follow. The number of those who have systematically studied and recorded their observations of the pathology of glaucoma is few, and as far as I have been enabled to discover, in England Mr. Brailey and, more recently, Mr. Teacher Collins are the only persons whose work is anything like considerable in this particular branch.

Mr. Priestley Smith has relied chiefly on measurements of the globe, cornea, lens and circumlental space to support his theory, which although carried out with great care and ingenuity, yet, when one considers the smallness of the parts measured, and the extreme difficulty of measuring absolutely correctly, I think you will agree with me that theories, based almost exclusively on measurements, do not appeal to one as strongly or carry the same conviction as those founded on pathological facts observed by the naked eye and the microscope. Let us, then, turn to the microscopical pathology for a short time.

The Pathology of the Iris, Ciliary Muscle, and Canal of Schlemm in Cases of Glaucoma.

As I before stated, in 1876 Knies and Weber simultaneously published the important fact that almost constantly in glaucoma the periphery of the iris is attached to Descemet's membrane, and it is around the the periphery of the iris and the immediately adjacent parts that most interest is concentrated. An inflammation, or the results of inflammation, is invariably discovered in this region, and it is so constant that it has been the basis of the majority of theories advanced to explain the cause of glaucoma.

In fifty-three cases of increased intraocular pressure, Mr. Brailey found a most marked and constant change in the ciliary body, viz., an atrophy of the ciliary muscle. The muscle in meridional section instead of being thickest at its anterior part, often is thickest at a point posterior, and tapers forward to its origin. The circular fibres were those most affected, although never exclusively. The muscle fibres are replaced by inflammatory tissue. Mr. Brailey measured the thickness of the muscle, and found, other things being taken into account, such as the age of the patient, etc., that an average healthy muscle measured ·8 mm., while those in glaucoma averaged ·36. Then the question arises, Is this atrophy primary or secondary? The extent of the atrophy depends on the duration of the disease as well as on the tension, and is not preceded by any considerable increase in the nuclei of the muscle. It is probable, however, that there are various stages preceding this atrophy, and that probably a stage of inflammation precedes it.

The atrophy in cases of uncomplicated glaucoma has been found to be localized to one part of the circle, and consequently could not be due to the generally increased tension, but precedes it; and it is important to note that in secondary glaucoma the atrophy precedes the rise of tension and follows the iritis. This is proved by the fact of numerous cases which have been published of excised eyes with increased tension, showing no evidence of cupping of the disc or displacement of the lamina cribrosa.

The ciliary processes containing erectile tissue increase in size in acute cases of glaucoma, although, of course, post-mortem, they are always found shrunken and contracted.

"There is no doubt," says Priestley Smith, "that the ciliary processes are swollen very much in acute cases

of glaucoma, and are both altered in size and position. If the glaucoma have been of recent date and of the congestive type, they are enlarged, their apices extending forwards, far beyond the customary limit. In such cases they are usually in close contact with the iris anteriorly, and sometimes with the margin of the lens internally, or if no longer in contact their wedge-like shape shows that in the living eye they have been tightly pressed between these structures. Viewing them in transverse section we see that they are increased in thickness also, the spaces between the processes being narrowed or even obliterated by the swelling of the lateral convolutions." Subsequently the processes undergo atrophy, as I before pointed out.

In nearly all cases of secondary glaucoma the iris is inflamed, and in primary glaucoma its adhesion to the cornea is all but universal. The periphery is bulged forwards and outwards, so as to line the rim of the anterior chamber of the aqueous, its periphery then becoming free. In course of time the iris becomes permanently attached to the cornea, owing to the inflammation of its substance, and then an atrophy occurs. This position of the iris may be caused by a multitude of conditions, increased pressure in the vitreous chamber, swelling and turgescence of the ciliary processes, adhesions of its anterior surface to the cornea, perforating ulcers, synechiæ, dislocation of lens, etc., but the disputed point is what is the ultimate cause of primary glaucoma.

In inflammation of the iris an increase of secretion, and in atrophy a diminution of secretion is manifest. Hence in serous iritis you get an increased depth of the anterior chamber, and sometimes an increased intraocular tension, although this will not be marked, while in atrophy of the iris a diminished pressure in the anterior chamber will be followed by diminished depth. Hence the shallow anterior chamber frequently found in glaucoma.

But in all cases of glaucoma the filtration angle is not obstructed by the iris. In cases of buphthalmos and other cases, the anterior chamber has been found to be increased in depth, and the filtration angle free, also cases have been recorded where the filtration angle has been blocked by the adherent iris, yet no increased tension, but there are exceptions which are capable of being explained in other ways.

In cases published by Mr. Priestley Smith on section post-mortem, the filtration angle has been shown to be widely open, and yet an increased tension was recorded previously to the operation. This was found to be due to the action of the reagents, etc., used for preparing the specimen, since on closer examination the posterior and marginal surface of the cornea was observed to be lined by pigment cells obviously derived from the atrophied iris, and the iris had retracted under the mounting process.

The canal of Schlemm is commonly found closed by apposition of its internal and external wall, but not universally, due probably to pressure by the iris. Max Knies, in an article published in the Ophthalmologic Archives, 1894, German edition, demonstrated that glaucoma was due to an irido-cyclitis. He experimented on animals by the injection of turpentine, olive oil, or a mixture of the two, into the vitreous, thus producing a track of inflammation in the course of the material excreted, and this he found was followed by a coagulation of the fluid then in the aqueous chamber and anterior channels of the eye, producing a condition simulating glaucoma. In summing up, he says, "For those who are not so prejudiced as to cling obstinately to preconceived ideas, the pathology of glaucoma will be clear from the results of these experiments and of the anatomical conditions found in the later stages. If we exclude glaucoma simplex, which runs its course without elevation of tension and without any inflammatory symptoms, and which is only an optic nerve atrophy with a large physiological excavation—a disease, in fact, that Von Græfe originally distinguished from real glaucoma under the name of 'Amaurosis with excavation of the optic nerve,'—if, I say, we exclude glaucoma simplex, glaucoma is an irido-cyclitis, in which the anterior channels of outflow of the eye are occluded, temporarily at first, afterwards permanently, the permanent occlusion being due to adhesion of the periphery of the iris to the cornea, a condition which, in the advanced stages, is never absent." So that here we have a serous fluid as the result of inflammation added to the already existing aqueous and vitreous humours, producing a coagulation in the anterior outlets of the anterior chamber, leading on subsequently to adhesion of iris unless the coagulum is absorbed. If again, then, after the coagulum is absorbed some irritant material is still left, this may set up a fresh inflammation. Consequently, Knies looks upon the condition of the canal of Schlemm as being very important.

The Optic Disc and Optic Nerve in Glaucoma.

Although actual cupping of the disc is not produced to such an extent as to be anatomically demonstrable for some time, yet some change can always be made out post-mortem due to increased tension, if there has been increased tension, during life. Actual cupping of the disc follows at some considerable period after increased tension, and depends on the degree of pressure as well as the duration.

For in some cases of increased tension, equal at the time of a +2, and with a history lasting for five months, only a shallow cup was found; in others with a +3 and six weeks' history, a deep but not undermined cup; whilst to produce an undermined glaucoma cup a period of two years with a +2 tension is necessary. The first change observed is a pushing back of the lamina cribrosa and a disappearance of the cellular tissue around the entering vessels, the vessels being pushed to the sides of a central funnel-shaped, ill-defined depression extending down to the lamina cribrosa, and this extends laterally subsequently.

If the pressure continues the lamina cribrosa is pushed back along its whole extent so that it lines the overhanging anterior scleral edge of the nerve entrance. If the globe undergoes a general increase in size, no undermined cup is found, but a saucer-shaped cup instead. The subsequent history of the cup when tension has been relieved is that it becomes filled with nuclear matter, but the lamina cribrosa is still depressed. The optic nerve on transverse section exhibits changes in every case, whether primary or secondary.

In mild cases an increase of fibrous tissue is found surrounding the blood-vessels. The proportion between the amount of fibrous tissue and the number of nerve fibres varies in proportion to the severity of the condition. The blood-vessels are pressed upon and may be pressed out of existence. In some cases optic neuritis of the ordinary variety is present, that is in the fibrous stroma an increase of the deeply-stained nuclear bodies are seen. The blood-vessels of the ciliary region are very much enlarged, and some sort of degeneration of the coats has been observed, also a thinning of the sclerotic along the course of the long ciliary arteries and nerves has also been observed.

The lens.—It is one of the points advanced by Mr. Priestley Smith in support of his theory that the lens increasing with age predisposes the patient to glaucoma, and he has satisfied himself that the lens in glaucoma is enlarged, and that a disproportion between the size of the eye and the size of the lens can be demonstrated in some eyes blinded by primary glaucoma. The increased size of the lens also has been held to be the cause of the increased liability to hypermetropia of advanced life. As I shall presently show, in glaucoma also the question of the influence of hypermetropia in producing glaucoma may be an important one.

Mr. Brailey, however, has measured a number of lenses and published his results. He says: "From the results of the above measurements, each made with great care, and under the observation of several persons, we shall probably be justified in concluding that in glaucoma an enlargement of the lens is an uncommon and an unimportant occurrence, and that its average diameter in this disease, whether it be cataractous or clear, is ever somewhat below the normal at the corresponding period of life."

With regard to the position of the lens, this is often advanced in glaucoma, at all events in the early stages; but later it is very frequently found in a normal position, but here again the iris sometimes shows evidence of having been displaced and the anterior surface of the lens capsule is marked with pigment cells.

Snellen has suggested that a want of tautness on the part of the zonule of Zinn permitting the lens to move forwards and so lead to closure of the pupil, may occur in glaucoma, for in the young adult an act of accommodation results in an increase of the antero-posterior diameter of the lens and a decrease of the lateral diameter, with consequently a stretching of the zonula, which is not the case when the elasticity of the lens is lost; then the zonula is slack and can allow the lens to move forward. Again, an increase in the size of the vitreous chamber will push forward the lens as the lamina cribrosa is pushed backwards. Other pathological changes have been observed in the glaucomatous eye, as choroiditis, blocking of the vortex, veins, etc., but time will not permit me to describe them.

With regard to the theories advanced by various ophthalmologists to explain the ultimate cause of primary glaucoma, I will only mention a few and as briefly as I can conclude by bringing before you some of the arguments in favour of and against them. Donders and others have thought that it was due to an increased secretion having arisen owing to irritation of the fifth nerve.

It is most probable that the secretion by the ciliary body and iris is often temporarily increased without producing any deleterious effects owing to an increased excretion taking place at the anterior part of the eye, but a rapid and large increase of fluid in the eye would doubtless produce increased tension to a marked degree. Many cases in which increased tension comes on in a few hours and the patient's vision is reduced to merely perception of light, can only be explained by hypersecretion, and also it has been experimentally proved that the fifth nerve and sympathetic have an influence on the secretion of the eye. Again, the anterior ciliary arteries are seen during life much enlarged in many cases of glaucoma beneath the conjunctiva, and I have already stated that an enlargement of the vessels of the ciliary body and iris is a pathological condition found in glaucoma. This enlargement may be the consequence of vaso-motor disturbances, and hence fifth nerve neuralgia, mental anxiety, combined with this vaso-motor change, also the speedy onset and subsidence of glaucoma go with this theory. But it is not the fate of everyone who has an irritative lesion of his fifth nerve to get glaucoma, so that some predisposing condition of the eye must be also present, and this theory will not explain the less malignant and chronic condition, since a constant hypersecretion would tend to produce a corresponding enlargement of the outlets, and hence the condition in chronic cases would produce a correction of the malady.

Weber asserts that the iris is pushed forwards by swollen ciliary processes, and it has been found to be the case in numerous eyes examined post-mortem. But is this condition primary or secondary to the tension? As a matter of fact it is not necessary for the ciliary processes to be swollen at all to produce a glaucomatous condition. Various experiments upon the eyes of pigs, etc., excised immediately after death, led Priestley Smith to argue that since a slight increase of pressure in the vitreous chamber will bring about a closure of the filtration angle by advancing the lens and ciliary process, glaucoma may be produced by a similar condition, and that an increase of tension in the vitreous (post) chamber of the eye would be most easily produced by obstruction to the flow of fluid around the

margin of the lens, that is between the lens and the ciliary processes, the circumlental space as it is called.

Does the circumlental space diminish in glaucoma, and if so, how does it come about?

The space might be narrowed by an increase of the diameter of the lens, or by a swelling of the ciliary processes. The increase of the size of the lens, Priestley Smith thinks, is the most important factor, and the proofs of the theory are mainly deducted from measurement. The lens is said to increase in size with age, and the liability to glaucoma also increases with age. The circumlental space diminishes with the increased size of the lens, and the circumlental space is actually narrower according to his measurements in glaucomatous eyes. The lens is derived from the cuticlar epiblast, and its mode of growth is analogous to the cuticle. But its cells, unlike those of the cuticle, are not cast off as they grow old; they are laid down layer upon layer within a closed capsule, the younger fibres surrounding the older.

In consequence of this unique arrangement, and in spite of the shrinking of the older cells which form the nucleus, the growth of the lens does not cease with that of the rest of the body; but is continuous unless some morbid process intervene throughout the whole period of life. Consequently with age one finds an increase in the size of the lens and a diminution on this account of the circumlental space. Also in glaucoma the ciliary processes are frequently in contact with the lens when examined post-mortem, and if not often marks due to the process may be found on the lens, showing that the ciliary processes and lens have been in contact at some time.

In people with congenitally small eyes, in hypermetropia, and in elderly people, then, we have predisposing causes of glaucoma. If, then, venous engorgement and swelling of the ciliary processes takes place, with consequent blocking of the circumlental space, and increase of tension in the vitreous chamber, the lens is carried forwards and the iris jammed against the periphery of the cornea, and so blocking of the filtration angle occurs. Here we have a condition of glaucoma and the presence of a vicious circle which will keep up the pernicious condition. But there is much to be said against this theory. Mr. Brailey's results of measuring the lens leads him to infer that the lens is not increased but rather diminished in glaucoma. In various cases of cataract with undoubtedly enlarged lens, no glaucoma is produced, and glaucoma is sometimes produced by cataract extraction, also the ciliary processes may enlarge, but we lack pathological evidence of this fact.

Again, it has been held that changes in the sclerotic produce obstruction of the posterior ways of exit of the intraocular lymphatic, namely those that pass out with the venæ vorticosæ, that changes in the sclerotic rendering it rigid and leading to shrinking of it is constantly present. Von Græfe believed it was a serous choroiditis, caused by exudation of serous fluid into the vitreous, which was at the root of the evil. But the principal exit of fluid from the eye is doubtless at the filtration angle, and the exit of fluid through the optic nerve and posterior lymphatics, has been proved to be very small. The blocking of the vortex veins which is sometimes found is most probably secondary, and no chorioditis at all is to be found in some eyes, whilst when found it rarely if ever occurs without iritis and cyclitis.

I have already mentioned Snellen's suggestion that errors of refraction are important elements in the advance of the lens, and consequently blocking of the filtration angle. The action of the ciliary muscle in increasing the size of the ciliary processes, consequently slackening the zonula of Zinn, thereby allowing the lens which is rigid to move forward bodily, cannot be an ultimate cause; and again, since atrophy of the ciliary muscle is so generally found, the condition is less likely to have occurred in glaucoma than in other affections of the eye.

The implication of the canal of Schlemm and spaces of Fontana, etc., by a coagulum as the result of inflammation of the iris and ciliary body is difficult to refute by arguments; still the coagulation theory of Max Knies is ingenious, but I think lacks evidence to support it. Because you get a glaucomatous condition when you inject such coarse substances as turpentine or olive oil into the globe of the eye, it does not follow that the process by which you obtain such a result is the same as that which produces glaucoma in an ordinary eye, as the result of a pathological condition. The aqueous humour does not coagulate, and glaucoma is not produced in ordinary keratitis punctata, which is due to a cyclitis. Some special ingredient in the exudation poured out, which combining with the aqueous humour causes it to coagulate, is necessary to explain the reason of this coagulation. The aqueous humour closely resembles the cerebro-spinal fluid, and contains serum albumen, serum globulin and fibrinogen in small quantities, consequently it only requires fibrin ferment to be added to enable it to fulfil all the conditions necessary for coagulation.

The aqueous chamber is soon filled with secretion after having been emptied, and a rapid flow of fluid is, even after death, a feature of the secretion of the eye tissues, since after paracentesis of the anterior chamber post-mortem, it has been refilled and the aqueous chamber re-established in half an hour.

No single theory has been advanced by Mr. Brailey. He thinks that in a predisposed eye many causes may produce a glaucomatous condition, and that the various clinical aspects which glaucomatous eyes present may be explained by various causes.

In those cases where you find an increase of tension coming on in a few hours and resulting in a total abolition of sight, or, at all events, in so great a loss of vision as to leave merely perception of light, a hypersecretion theory is the only satisfactory one. In cases of secondary glaucoma, an inflammation of the iris producing obstruction in the region of the ligamentum pectinatum is the obvious cause in most cases. A chronic case of primary glaucoma is probably explained by a chronic in-

flammation of the uveal tract, the whole, or more frequently, the anterior part. He says it is certain that inflammation of the ciliary body, iris and optic nerve is always present, and that it is one of the earliest symptoms of primary glaucoma, being developed previous to the tension.

And now to sum up. In the first place, we must divide cases of glaucoma up clinically, and try to ascertain the ultimate cause in these various cases, and not try to find one single cause for every kind and degree of glaucoma. Glaucoma, like ascites or strangulated hernia, may be cured in various ways, but produces a series of symptoms which are almost identical whichever way the condition is brought about.

It must be remembered that the great difficulty of the subject lies in the fact that the incipient stage of glaucoma is so rarely examined post-mortem, since the eye only comes to be excised when the disease is at an advanced stage.

In the first place, undoubtedly there are predisposing causes, and the chief of these are—age, small-sized globe, large lens, errors of refraction, sex, certain races, Jews, Egyptians and certain races of South America, and congenital malformation.

Glaucoma has been divided into primary and secondary, and the primary division again into acute and chronic. But in acute cases we find, again, two distinct classes: those characterised by an onset of only a few hours; and those which last some six weeks or so. The term acute is used for the inflammatory and conjestive type, and refers to the appearance of the eye when examined in the ordinary way, since some of the symptoms are those which we associate with inflammation, as pain, redness and lacrimation, and does not refer to any definite period of time.

The acute cases coming on in a few hours with neuralgia, and associated with mental anxiety, etc., are almost certainly due to hypersecretion, and also glaucoma in connection with tumours of the eye most probably is due to a hypersecretion, consequent on the irritation of the growth. In cases which are heralded by well marked premonitory symptoms, as a rapid onset of presbyopia, coloured rings around lights, fogginess of general vision, etc., an inflammation of the ciliary body and iris with subsequent adhesions of the iris periphery to the cornea is the original cause.

In subacute glaucoma, when the increased tension is gradually produced without any acute attack and follows on the premonitory symptoms, the inflammation of the iris and ciliary body has been replaced by atrophy and the atrophied muscle fibres by inflammatory tissue.

The connection of the ligamentum pectinatum which arises just behind Schlemm's canal, and immediately in front of the filtration angle, and passing backwards radiates inwards to the base of the iris, and outwards and backwards to give origin to the ciliary muscle, would I think account for the gradual closure of the filtration angle. The replacement of the ciliary muscle by inflammatory tissue, the pulling of this on the ligamentum pectinatum must inevitably draw together the base of the iris and posterior layer of the cornea.

In chronic glaucoma a similar condition is present, but the initial inflammatory stage has been less marked, and the subsequent atrophy slower.

In secondary glaucoma the closure of the anterior exits of fluid from the anterior chamber is almost always present, and is produced either by a mechanical displacement of the iris or by an acute inflammation producing adhesions there.

In serous iritis the filtration angle is not closed, but it has been proved by experiment that an undue serosity of the aquæous humour will prevent any osmosis taking place, or at all events reduce the process considerably.

In hæmorrhagic glaucoma, also, a blocking of the filtration angle by blood corpuscles has been observed.

Buphthalmos is due most probably to a congenital defect, glaucoma fulminans, a form of glaucoma which differs from acute glaucoma in leaving the eye permanently blind in a few hours has, I think, a central origin, as increased tension which is not sufficient to rupture the globe or produce a staphyloma is not likely by itself to destroy completely the conducting power of the optic nerve in so short a time, but it is a very rare condition.

References.

Glaucoma: its Causes, Symptoms, Pathology and Treatment (The Jacksonian Essay for 1878). Priestley Smith.

The Pathology and Treatment of Glaucoma, 1891. Priestley Smith.

On the Nature and Cause of the Glaucomatous Process. Ophthalmic Hospital Reports. Vol. X., pt. 2.

On the size and position of the Crystelline Lens in Glaucoma. Ophthalmic Hospital Reports. Vol. X., pt. 3.

A Theory of Glaucoma. Ophthalmic Hospital Reports. Vol. X., pt. 1.

On the Pathology of Increased Tension of the Eye. Ophthalmic Hospital Reports. Vol. IX., pt. 2.

A Historical Essay on the development of our present knowledge of Glaucoma. Read before the Medical Society of Holland by H. Snellen.

Diseases of the Eye. Berry.

Quain's Anatomy. Vol. III., pt. 3.

Ophthalmological Archives, 1894. German edition. Max Knies.

Landois & Stirling's Physiology. Vol. II., p. 918.

Von Græfe's Archives. Vol. XXII., pt. 3, p. 163. Vol. XXIII. pt. 2, p. 62.

Births.

BRAITHWAITE.—On April 13th, at the Sycamores, Golcar, near Huddersfield, the wife of C. Bernard Braithwaite, M.B. Lond., of a daughter.

JOHNSON.—On April 16th, at 196, Burrage Road, Plumstead, the wife of George A. Johnson, L.R.C.P. Lond., M.R.C.S., of a son.

Marriage.

PENDRED-FLEMING.—On 21st. inst., at St. Leonard's Church, Streatham, Berthon Fleming Pendred, M.R.C.S., L.R.C.P., to Eleanor, eldest daughter of Francis Henry Fleming, of Haslemere, Streatham.

Sport.

Cricket.

The following is the list of matches for the coming season:—

First Eleven.

Date.	Time.	Against.	Ground.
May 1.	11 0	Beckenham	Beckenham.
5.	11 0	Trial Game	Honor Oak Park.
8.	11 0	Surbiton	Surbiton.
15.	11 0	Crystal Palace	Crystal Palace.
19.	11 0	Croydon	Croydon.
22.	11 0	Reigate Priory	Reigate.
26.	11 0	Dunstable Gram. Sch.	Dunstable.
29.	11 0	Streatham	Streatham.
June 5.	11 0	Brentwood	Honor Oak Park.
7.	11 0	Past and Present	Honor Oak Park.
12.	11 0	Bickley	Bickley.
19.	11 30	Eastbourne	Eastbourne.
26.	11 0	Hornsey	Honor Oak Park.
July 3.	11 0	St. Lawrence	Canterbury.
7.	11 0	Reigate Priory	Honor Oak Park.
10.	11 0	Hornsey	Hornsey.
17.	11 0	Brentwood	Brentwood.

Second Eleven.

May 5.	11 0	Trial Game	Honor Oak Park.
8.	2 30	Croydon II.	Croydon.
12.	2 30	London Hospital II.	Honor Oak Park.
15.	2 30	G. H. Servants	Honor Oak Park.
19.	2 30	St. Thomas's Hosp. II.	Honor Oak Park.
22.	2 30	Granville, Lee, II.	Lee.
29.	2 30	St. Bart.'s Hosp. II.	Honor Oak Park.
22.	2 30	Itinerants	Honor Oak Park.
June 5.	2 30	City of London Sch.	Beckenham Hill.
12.	2 30	London Hospital II.	Edmonton.
16.	2 30	Tonbridge School II.	Tonbridge.
19.	2 30	Granville, Lee, II.	Honor Oak Park.
23.	2 30	Sutton	Sutton.
26.	2 30		
30.	2 30	St. Mary's Hosp. II.	Honor Oak Park.
July 3.	2 30	G. H. Servants	Honor Oak Park.
10.	2 30	Itinerants	Honor Oak Park.
17.	2 30	St. Bart.'s Hosp. II.	Winchmore Hill.

Guy's Hospital Lawn Tennis Club.

SEASON 1897.

The newly-instituted championship (singles) for the cup presented by Mr. Lane and Dr. Washbourn will be started immediately after the entries close on May 20th. The competition is subject to the following rules:—

i. Only members of the G.H.L.T.C. who are "in their year" shall be eligible to compete. By the club rules a member is eligible to represent the hospital for four seasons from the date of his entering.

ii. The cup shall be held by the winner for one year, during which time he shall be held responsible for its safe keeping. The President's medal shall become the property of the winner.

iii. The competition shall be under the rules of the Lawn Tennis Association.

The usual handicap tournament (singles), open to all members of the Clubs' Union, will begin early in May. The entry list is posted in the smoking-room. Fee 2s. 6d.

At a committee meeting of the club held on Wednesday, March 24th, Dr. Washbourn (vice-president) in the chair, the following new rules were proposed and adopted:—

i. A general meeting of the club shall be held at the beginning of each year, before the end of February, for the appointment of officers, and other business.

ii. No one shall be allowed to play on any court except he wear boots or shoes provided with indiarubber soles. No form of spike, screw or nail shall be worn on the ground, except the nails known as "steel points."

iii. Members of the Clubs' Union only shall be allowed to use the courts.

iv. On Tuesdays members shall be allowed to introduce ladies as visitors, each member and his visitors restricting themselves to one court.

v. Except on Wednesday and Saturday afternoons, members shall be allowed to introduce gentlemen as visitors, each member and his visitors restricting themselves to one court.

vi. All courts except those reserved by the committee are free, subject to rules. (See Clubs' Union Book).

The following is the list of fixtures arranged up to date:—

May	8.	Boundaries	Home.
	12.	Chiswick	Away.
	15.	Hornsey	Home.
	19.	Albemarle	Away.
	22.	Barnes	Home.
	29.	Harold L.T.C.	Away.
June	2.	Albermale	Home.
	5.	Brixton Wanderers	Away.
	7.	Past v. Present	Home.
	9.	Hornsey	Away.
	12.	Surbiton	
	16.	Chiswick	Away.
	26.	Barnes	Away.
July	3.	Weighton	Away.
	10.	Croydon	Away.
	17.	Mr. Basil Brown's Team	Home.
	24.	Weighton	Home.
	31.	Boundaries	Away.
	31.	Brixton Wanderers	Home.
Aug.	7.	Dr. Goodall's Team	Home.

The Hospital Colours.

The council of the Clubs' Union have permitted Messrs. Benetfink & Co., to supply the Guy's Hospital Blue as well as Messrs. Lewin & Sons. Members who have been given their Blue must mention in their application to the Secretary of the Union from which firm they intend to obtain it. Messrs. Benetfink & Co.'s prices are:—

Guy's Hospital Blue—	
Coat, with badge	...19s. net.
Sash, 30 inches	... 5s. "
22 "	... 6s. 6d. "
Cap, with badge	... 2s. 6d. "
Silk Ribbon, 1¼ inches wide	... 9d. per yd.
Derby Ties, both sides alike	... 3s. 2d. each.
Oxford Ties, both sides alike, 1⅝ inch by 38 inches long	... 2s. 3d. "
Football Shirts, Association	... 6s. "
Football Jerseys, with linen collar, Rugby	... 7s. 9d. "

Ed.—F. E. F.

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Calendar of Coming Events.

May.

Sat. 8.—Dr. Washbourn's Lecture on Bacteriology, 9 a.m.
Mr. Howse's take-in; Ds. H. S. V. Turner and J. E. H. Parsons; Cl. H. J. Starling.
G. H. C. C.—I. Surbiton, away.
II. Croydon II., away.

May.

Sat. 8.—G. H. L. T. C... Boundaries, home.
Hos.-Sch. C. C. Melville, away.
G. H. B. C. ... Run to Epsom.

Mon. 10.—Practical Exams. for Prizes commences.

Tu. 11.—1 p.m., G. H. A. C., Committee Meeting in Room 33.

Wed. 12.—Mr. Davies-Colley's take-in; Ds. H. R. Miller and C. Shepherd; Cl. S. E. Denyer.
1.30, Clinical Lecture by Dr. Shaw.
G. H. C. C.—II. London Hospital II., away.
G. H. S. C. ... Grafton, Southwark Baths.
Nautilus, Southwark Baths.
G. H. L. T. C... Chiswick (5 p.m.), away.

Fri. 14.—1.30, Clinical Lecture by Mr. Symonds.

Sat. 15.—Dr. Washbourn's Lecture on Bacteriology, 9 a.m.
G. H. C. C.—I. Crystal Palace, away.
II. Hos.-Sch. C. C., home.
G. H. L. T. C... Hornsey, home.
G. H. B. C. ... U. H. C. A., Greyhound, Streatham.

Wed. 19.—Mr. Lucas's take-in; Ds. R. Balderston and V. J. Crawford; Cl. J. O. Garland.
1.30, Clinical Lecture by Dr. Shaw.
G. H. C. C.—I. Croydon, away.
II. St. Thomas's II., home.
G. H. L. T. C... Albemarle, away.

Fri. 21.—1.30, Clinical Lecture by Mr. Symonds.

Sat. 22.—G. H. C. C.—I. Reigate Priory, away.
II. Granville II., Lee, away.
Hos.-Sch. C. C. Grosvenor United, home.
G. H. L. T. C... Barnes, home.
G. H. B. C. ... Run to Sevenoaks.

Guy's Hospital Gazette,

MAY 8, 1897.

Gonorrhœa.

CLINICAL LECTURE BY MR. CLEMENT LUCAS.

GENTLEMEN,—Gonorrhœa, though often regarded as a trivial complaint, when neglected or badly treated may become a most serious affection, spreading by mucous surfaces to prostate, vesiculæ seminales and testes, or to the bladder and kidneys; by lymphatics to glands, causing abscesses; by venous channels, causing thrombosis, synovitis, or pyæmia. I have at present under my care in Job ward a case of peri-urethral abscess resulting from gonorrhœa, the patient being admitted in a most distressing state, having an abscess communicating with both his rectum and urethra, and burrowing up on to his abdomen, discharging urine, pus, and fæcal air near his umbilicus. Gonorrhœa is caused by the entrance of an organism into the urethra—the gonococcus, which has the following characters:—It is an organism which occurs in pairs and is about the size of the streptococcus of suppuration. It is found within the pus and epithelial cells of the discharge as well as outside them. Organisms resembling these have been obtained from a healthy urethra. In a court of law, therefore, bacteriological evidence of gonorrhœa is not conclusive. The period of incubation is usually from three to five days, but occasionally much longer. I know of one case in which the period of incubation extended over eighteen days. This was the case of a gentleman who exposed himself to contagion in London. The next day he went into the country. Eighteen days later, without having been exposed to fresh infection in the interval, but after a night of free indulgence in alcohol, the symptoms of the second stage commenced. The early symptoms are a slight stickiness of the lips of the meatus and pouting of the orifice, accompanied by an itching and burning sensation. More or less heat and pain are felt along the urethra. Very commonly pain is referred to the groin or perineum. The slight sticky discharge rapidly becomes thick yellow pus, the glans and prepuce swell; micturition is more or less painful. In cases of old gonorrhœa which have been neglected, fresh discharge may be brought on by indulgence in alcohol. In most cases, at the end of two or three weeks from contagion, the discharge tends to become thinner and less yellow, the painful symptoms gradually disappearing.

Of the complications of gonorrhœa a frequent one is :—

1. *Chordee,* a painful erection of the penis. Inflammatory matter is thrown out into the erectile tissue, generally into the corpus spongiosum only, or it may be into one corpus cavernosum, so that the penis is bent down during the erection, or to one side, thus giving rise to pain, the erectile tissue expanding unequally.

2. *Bleeding from the urethra,* may occur during the acute stage or after the discharge has stopped. This may cause a difficulty of diagnosis. A case of a young man bleeding from the urethra came into Job ward some time ago. The patient said he had had no gonorrhœal infection, and deceived my dressers, and even my house-surgeon. When I examined him, there was some bleeding from the urethra, and one testicle was swollen. He said he was a labourer, but I noticed that he was an old soldier from the fact that he stood at "attention" when I came into the ward. I said, "You have been in the army." He replied, "Yes, sir, I was invalided out." I turned on him and said, "You lied yourself out of the army," and he stood abashed. I then said, "Now, sir, tell me how long you have had that clap?" and he replied, mildly, "Five weeks, sir." My dressers, as you may imagine, were astounded to hear the confession, when a few minutes before he had to them stoutly denied ever exposing himself to infection. There is almost as close an association between venereal disease and untruth as between Radicalism and book-making.

3. *Retention of urine.*—This is always spasmodic. Do not pass a catheter if it can possibly be avoided. The membrane of the urethra is acutely inflamed, and therefore is easily damaged, and all instrumentation should be avoided. A catheter should not be passed until all other means of inducing the passage of water have failed. Give Tinct. Opii ɱxv., and (1) sit patient in a hot bath, or (2) give a good enema, or (3) both of these may be tried. In the case of spasmodic retention of urine in women, an enema invariably acts. A drop of croton oil causing free purgation will generally relieve the person when hot bath and opium fail. If catheterisation be required, inject a five per cent. solution of cocaine into the urethra, and pass a No. 8 gum-elastic catheter very gently. But remember, gentlemen, that it is an exceedingly dangerous thing to pass a catheter in cases of acute inflammation of the urethra, and many permanent strictures have been caused by rough usage of instruments for spasmodic obstruction.

In the diagnosis of the causation of retention of urine, the *time of life* of the patient should be borne in mind.

We may tabulate as follows :

Time of Life.	Probable cause or causes of Retention.
1 to 15 years.	Impacted calculus or phimosis.
15 to 25 years.	Gonorrhœal spasmodic stricture.
25 to 35 or 45 years.	Stricture of urethra resulting from gonorrhœa.
45 years and upwards.	Enlarged prostate, if the patient has not suffered from stricture before.

A man who has not acquired a stricture before 40 seldom gets one after, except as the result of violence. Wisdom gets the upper hand of immorality.

(4). *Epididymitis.*—This is caused by a direct extension of the inflammation, by means of the vas deferens. You may sometimes trace the inflammation on the way down, before it has reached the testis. A gentleman came to me suffering from gonorrhœa and complaining of one inguinal canal. I felt the cord tender and told him to go home and lie down as his testis would be swollen the next day. This happened exactly as I predicted, which seemed to afford him some gratification. Although injections have a direct effect upon the gonococcus, it is advisable not to give them in the early stages of gonorrhœa. They are liable to drive the pus and with it the organisms down the urethra and increase the tendency to epididymitis. The best treatment is the exhibition of sandalwood oil. This acts upon the organism internally. A suspensory bandage should be worn, as the weight of the testicle may draw the vas deferens down and a suction action may possibly take place. Double epididymitis may be a cause of sterility.

(5). *Prostatitis.*

(6). *Cystitis.*

In prostatitis the patient passes water at frequent intervals with great pain. The prostate can be felt to be enlarged, and tender to the touch per rectum. When the bladder is affected, the irritability is very great, and pain and tenderness are felt over the pubes.

In the treatment of prostatitis and cystitis, put the patient to bed and give opium. Suppositories of morphia and belladonna may be given. Copaiva and salines are indicated. Leeches may be applied to the perineum. Inflammation of a vesicula seminalis is often the cause of a chronic gleet.

(7). *Soft sores* may be present along the edge of the prepuce, probably due to the gonococcus. Iodoform cures them.

(8). *Warts* are sometimes found. These may be cut off and tannin and iodoform applied to the base.

(9). *Phimosis and paraphimosis.* It is not a good plan to split up the prepuce if it can be avoided, as a large sore results. Apply iodoform under the prepuce, and keep parts strictly clean, syringing frequently with an antiseptic lotion. In the case of paraphimosis, the prepuce may be drawn forward after bandaging back the œdema by means of strips of lint.

(10). *Bubo and abscess in groin.*—This is due to infection by the lymphatics. Men working hard, such as sailors and mechanics, are more likely to suffer from these complications. They often require incision.

(11). *Peri-urethral abscess.*—The commonest places for this to form are at the fossa navicularis, or the base of the penis, in front or behind the scrotum. It may occur in the bulbous portion, in connection with Cowper's glands.

I will now draw your attention to the case which is in Job ward at the present time. Patient æt. 21 was admitted on March 5th for supra-pubic and perineal abscesses, escape of flatus and urine above pubes, and of urine per rectum. During the months of November and December of last year patient had gonorrhœa. When the discharge lessened, about Christmas, a difficulty in passing urine occurred, causing retention of urine. This might have been due to spasm, in which case hot bath and opium might have relieved him, or very possibly a peri-urethral abscess had formed which required opening from the outside. Catheters were, however, passed for five days, after which patient was able to pass his water freely. A week after catheterisation was discontinued, patient noticed a swelling in his perineum. This was tender and painful, and the pain was increased on micturition. Almost simultaneously patient noticed a swelling above the pubes, which pointed. This was opened. Urine comes away per rectum at the end of micturition, and both urine and flatus escape from the supra-pubic opening. A large opening towards the perineum could be felt per rectum.

Treatment.—The supra-pubic sinus was enlarged and irrigated. An incision was made in the perineum and free drainage provided. The whole was dressed with antiseptic dressings. Patient is still under treatment. This condition was probably due to catheterisation. Patient should have been put into a hot bath. Always avoid passing a catheter, if there be any suspicion of acute inflammation of the urethra.

(12). *Joint affections.*—Another complication of gonorrhœa, is gonorrhœal rheumatism. This occurs in a very small percentage of cases. The cause is often overlooked. I remember a case that was admitted into Clinical ward when I was a student. It was a case of subacute rheumatism, which lasted four or five months. The patient was under three Clinical physicians in succession, and subjected to the most approved medical treatment without effect, till the nurse rebelled and said she would change his sheets no longer, as she knew what was the matter with him if the doctors did not.

Joints of the feet are frequently affected. In the case I have just quoted this was so. The treatment consists in curing all traces of urethral discharge and resting the affected joints.

(13). *Gonorrhœal ophthalmia* —Purulent conjunctivitis results from the conveyance of the gonococcus to the conjunctiva. It is most commonly met with as ophthalmia neonatorum resulting from the inoculation of the conjunctiva of infants at birth by vaginal discharge. Treatment should be prompt. The eyes should be constantly washed out with alum or boracic lotion, whilst the eyelids must be prevented from sticking by smearing on boracic ointment. I showed some years ago that joint affections in infants might result from purulent ophthalmia, just as joint affections in adults result from urethral discharge.

(14). *Secondary abscesses.*—I have also seen a case of abscess of the parotid gland occuring as a complication of gonorrhœa, and occasionally joint suppuration may occur and ankylosis follow.

Hospital News.

CLASSIFIED LIST OF CASES.

In the Medical Wards.

Circulatory System.

MARY 7, 45. Mitral stenosis and regurgitation. Aortic regurgitation.
10. Chlorosis.
11. Ulcerative endocarditis. Pulmonary regurgitation treated with antistreptococcin.
18. Mitral regurgitation.
19. Mitral stenosis and regurgitation.

Philip 12, 14, 38. Aortic and mitral regurgitation.
39. Mitral regurgitation.
Stephen 1. Mitral regurgitation.
17. Aortic and mitral regurgitation.
27, 32. Aortic stenosis and regurgitation. Mitral regurgitation.

Nervous System.

Mary 2. Cerebral tumour.
3. Peripheral neuritis.
17, 27. Hysteria.
30, 31, 43. Chorea.
46. Disseminated sclerosis.
Philip 5. Cerebro-spinal meningitis.
13. Right hemiplegia.
Stephen 9. Chorea.
15. Paraplegia. Chronic myelitis.

Alimentary System and Abdomen.

Mary 8. Cirrhosis of liver. Congenital syphilis.
13. Abdominal tumour. ? Malformed Liver. ? Hydronephrosis.
16, 22, 23, 32, 39, 40, 41. Gastric ulcer.
33. Ascites. Cirrhosis of liver.
35. Abdominal tumour. Albuminuria.
42. Jaundice. Malignant disease.
Philip 20. Dilated stomach.
22. Ascites.
25, 32. Œsophageal stricture.
34. Tuberculous peritonitis.
Stephen 5. Tuberculous peritonitis.
7. Tumour of liver.
14. Chronic Bright's disease.
23. Jaundice, catarrhal.
25. Jaundice. Enlarged liver.
31. Ascites. Cirrhosis of liver.
39. Leucocythæmia. Enlarged spleen.

Genito-Urinary System.

Mary 25. Diabetes mellitus.
36. Moveable kidney.
47. Chronic nephritis.
Philip 7. Chronic tubal nephritis.
11. Chronic interstitial nephritis.
15. Hæmaturia. Acute nephritis.
19. Diabetes mellitus.
29. Chronic nephritis and diabetes.
Stephen 6. Diabetes mellitus.
13, 29. Chronic nephritis.
35. Renal calculus.

Respiratory System.

Mary 5. Pneumonia.
14, 20, 29, 38. Phthisis.
21, 48. Pleurisy.
Philip 1, 3, 18, 33, 36. Phthisis.
6. Pyo-pneumothorax.
23. Bronchiectasis.
37. Pleurisy with effusion.
Stephen 8. Bronchitis.
12, 18, 20, 21. Pleuritic effusion.
37. Phthisis.

Miscellaneous.

Mary 34. Acute rhematism.
Philip 4, 28. Acute rheumatism.
31. Osteo-arthritis. Psoriasis.
Philip 2. Erythema and polyarthritis.
4. Plumbism.
33. Erysipelas.

Cases under Dr. Shaw.

Chronic Ulceration of Cœcum.

John.—S. B., æt. 55, clerk, admitted for abdominal pain, vomiting and diarrhœa on April 13th.

Personal history.—"Has always been strong and healthy." Had syphilis. Eighteen years ago suffered from an internal and an external fistula for which he underwent an operation, and has never since had proper control over his bowels, but has had to take laudanum, sometimes an ounce and a half per diem, to relieve the diarrhœa which has always troubled him since.

History of present condition.—Patient says he was quite well till six weeks ago, when he was seized with sickening pain in the loins, which has gradually got worse, but he managed to continue his work till one week ago. For the last fortnight he has been sick three or four times daily, generally after food, but has brought up mostly "phlegm," though he says he vomited and did not cough it up. His bowels have been very relaxed, often six times daily. For three or four weeks he has had a cough.

Condition on admission.—Pulse, 92; respiration, 20; temperature, 98·2. Patient, who looks quite his age and whose hair is nearly white, appears very ill and in pain, with a despondent expression. His face is very pale and flabby, with conspicuous venules over his cheeks and nose. His pupils are very small. He lies on his back, breathing with his mouth open. There are two scars on his cheek, with regard to which he gives a history like impetigo, and a number of scars, some of which are pigmented, over the front of both legs. There is a slight amount of œdema over both legs and back, and of his conjunctivæ.

Alimentary system. — Lips pale; tongue swollen, smooth, bald and fissured. Abdomen is very large and full; outlines of distended coils are seen above the umbilicus, but no peristalsis; it is supple all over, except for an increased sense of resistance in the epigastric angle, and no tumour can be felt elsewhere; there is general tenderness; except for liver dulness, the whole abdomen is resonant, but especially about the umbilicus. Subsequently, when abdomen was less tender, the edge of the liver could be felt one and a half inch below costal margin in nipple line, where it was sharply defined.

Respiratory system.—Chest is emphysematous; râles and rhonchi are heard on both sides.

Urine.—Slightly dark, acid, 1017; albumen twenty-five per thousand.

Nothing else abnormal was detected.

Patient was put on milk diet and—

Liq. Morph. Hyd.	...	ɱx.
Tr. Bellad.	... ...	ɱx.
Aq. Cinnam.	... ...	ad. ʒi. 4tis horis,

and at first his condition improved and his pain disappeared. In the first five days his bowels were opened twelve times. From April 18th his condition deteriorated—his pulse was very weak, his circulation and colour very bad, lips, tongue and eyelids more and more tremulous, his diarrhœa worse. Mist. Hæmatoxyli, 4tis horis. Bismuth Carb., gr. xx., and Ext. Belæ. liq., ʒi, with Mist. Cret. Co., ad. ʒi—all were unavailing to stop the diarrhœa. Brandy and Syr. Trium. Phosphat. were given to keep up his strength, with little benefit, and he sank and died, April 27th.

Post-mortem examination.—Extensive ulceration of lower part of ileum and of cœcum.—Ulcers are mostly transverse, but about ileo-cœcal valve the ulceration is so severe as to leave only patches of darkened mucous membrane; edges are thin, ragged and undermined; floor is composed of muscle in most parts, in others of the peritoneal coat, and at places in cœcum and ileum perforation has occurred, so that the floor consists of adjacent peritoneum to which the intestine is attached by adhesive lymph. Thus, on removal of intestines, perforations were produced in right iliac fossa and left flank. A few scattered ulcers involving only the mucous membrane are present as far down as the sigmoid flexure. No tubercles discovered about the ulcers.

Kidneys are pale, with irregular, scarred surface; their capsule strips readily. At apex of *left lung* were signs of chronic phthisis.

SUPPURATING GALL-BLADDER—ACTINOMYCOSIS OF THE LIVER.

PHILIP 18.—W. A. S., æt. 55. Sent up by a doctor with the following notes:—

"Patient had been ill seven days with severe pain across the navel; no constipation; and pain not relieved by opium; he vomited almost daily. During first three or four days of the illness pain was most severe; during last three days pain has been less severe, but patient has had rigors each day, and sweating after the rigors. He has been delirious two nights. On February 27th, his temperature was 102° in the morning, pulse 90; in the evening temperature 104°, pulse 96. On February 28th, temperature 101·8°, pulse 84. No rapid breathing; no jaundice; no bile or albumen in the urine. Bowels opened once or twice daily. Has had twelve grains of quinine in last twenty-four hours."

Admitted February 28th.

Family history.—Good.

Personal Medical history.—Nothing but measles till 17 years old, when he had gonorrhœa. When 35 years old he had an attack similar to the present one, but less severe; since that he has had about ten similar attacks, between 1877 and 1892.

In 1889 he went to America and stopped there three years, fruit farming; in 1892 he was thrown out of a buggy, and he thought at the time that he had escaped injury. Six weeks later a lump appeared to the right of the umbilicus, and at a somewhat higher level; this became as large as a closed fist, and projected from the abdominal wall. In April, 1892, it was opened, and the patient was told that a pint and a half of pus was removed. The lump had given rise to a kind of pricking sensation, but caused no real pain. The wound healed up, but a month later another opening had to be made in the middle line, just above the umbilicus, and another opening further to the left, for drainage purposes; the patient was told that nearly two quarts of pus were removed. The patient was advised to return to England, and started back before the wound was healed up.

He has lived in London ever since, and has been quite well, until six months ago, when he had a slight attack of a similar nature to the present illness.

Condition on admission.—Temperature 103·6°; pulse 84; respiration 16. Patient is a stout man; abdomen distended, but not, he says, more than usual; abdominal wall very thick, showing several scars. Palpation reveals nothing; liver cannot be shown to be enlarged; no tenderness in that region. Tongue furred.

Respiratory and circulatory systems apparently normal.

The conjunctivæ show a yellowish tinge, but there is no other sign of jaundice.

Urine.—High coloured, acid, spec. gr. 1028, no abnormal constituents present. Patient says there is a tendency for his water to run away from him, and he has always noticed this during these attacks.

Treatment.—Enema saponis and hot fomentations to abdomen.

Milk diet.

Pot. Cit.	... ...	gr. xxx.
Tr. Hyoscyami	...	ʒ gr.
Tr. Buchui	...	ʒi.
Aq. ad	... ...	ʒi. 4tis horis.

The prostate feels to be distinctly enlarged, but is not painful.

March 1st. Patient in considerable discomfort; soon after he had passed his water about fifty ounces of residual urine were drawn off, similar to that tested yesterday; he was then much easier. Temperature between 103·6° and 100·6°. Pulse varies between 80 and 104.

2nd. Residual urine again drawn off, nearly fifty ounces; patient feels and looks better to-day. Temperature down to 97·8° this morning; 103° in the evening.

3rd. Temperature 99° this morning. Urine again drawn off; after this he had a rigor, and temperature ran up to 105°. Patient was delirious last night, and again this afternoon.

4th. Temperature 98·8° early this morning. Patient is delirious again to-day. Urine drawn off morning and afternoon, about forty ounces each time. Pulse up to 112 at times to-day. The yellow tinge has quite gone from the conjunctivæ now.

5th. Mr. Lane saw the patient to-day; he was much worse, pulse being up to 126; temperature 102°; quite conscious when roused, but talking to himself continuously. A trace of albumen in the urine to-day for the first time. Urine is to be drawn off every six hours. The water is not so concentrated now; spec. gr. about 1018. Bowels rather loose. Patient seems to be sinking this evening.

Liq. Strychninæ	...	ɱiv.
Quin. Sulph.	...	gr. iv.
Acid. Sulph. ...	...	ɱx.
Aq. Chlor. ad	...	ʒi. 4tis horis if awake.

6th. The temperature rose steadily from 6 p.m. last night, when it was 101·2°; at 10 a.m. this morning it was 105·3°. Patient sank rapidly, and though strychnine was injected, he died at 12·20 p.m. to-day.

At the autopsy, fifty-one hours after death. A suppurating gall-bladder was found adhering to surrounding structures and containing a medium-sized gall-stone. There were many small secondary abscesses in the liver, the suppuration having evidently spread up the bile ducts, more especially the right one. There was a fistulous tract from it opening 1¼ inch below the pylorus. It communicated by dilated ducts with four abscesses near one another in the median part of the right lobe of the liver. Bladder large, prostate somewhat enlarged, but no sign of suppuration; kidneys healthy. A pure cultivation of the bacillus coli communis was obtained from the pus. Sections of the liver examined microscopically showed the presence of actinomycosis.

In the Surgical Wards.

Cases under Mr. Howse.

Naaman	1.	Tuberculous osteitis of knee.
	4, 13.	Hæmorrhoids.
	8.	Varicocele.
	10.	Inguinal hernia.
	18.	Tuberculous os calcis.

Cases under Mr. Davies-Colley.

Lydia	7.	Ranula.
	Cot.	Double hare-lip and cleft palate.
Luke	1.	Recurrent appendicitis.
	8.	Greatly enlarged knee, of doubtful origin.
	10.	Non-union of radius and ulna.
	12.	Hæmorrhoids.
	14.	Epitheliomatous glands in neck.
	15.	Tuberculous ankle.
	21.	Loose body in knee.

Cases under Mr. Lucas.

Lydia	10.	Carcinoma mammæ.
	14.	Enlarged glands in neck.
	15.	Tuberculous wrist-joint.
Job	2.	Reducible inguinal hernia.
	4.	Tuberculous elbow. Excision.
	7.	Hip-joint disease.
Job	9.	Stricture of urethra. Urinary fistula.
	17.	Acute synovitis of hip.
	18.	Tuberculous knee-joint.
Charity	4.	Non-union of patella after fracture.
	5.	Tuberculous osteitis of ulner.
	21.	Iliac abscess.

Cases under Mr. Golding-Bird.

Accident	5.	Pott's fracture.
	7.	Fractured ribs.
	13.	Compound fracture of tibia.
	19.	Compound fracture of tibia and fibula.
	29.	Fractured ribs. Pleuritic effusion.
	32.	? Displacement of internal semi-lunar cartilage.
Cornelius	6, 14.	Contusion of spine.
	8.	Fractured tibia and fibula.
	13.	Concussion.
Martha	3.	Enlargement of kidney.
	5.	Carcinoma mammæ.
	6.	Carcinoma mammæ.
	8.	Fractured ribs.
	Cot.	Fractured fibula.
	Cot.	Fractured femur.
	Cot.	Hæmatoma (subperiosteal) in parietal region.
Lazarus	5.	Epithelioma linguæ.
	9.	Hemiplegia following injury to head.
	10.	Inguinal hernia.
	—.	Exostosis of scapula (cancellous). Removal.
	14.	Hæmaturia. ? Cause.
	15.	Stricture of urethra.
	18.	Sebaceous cyst on scalp.
	19.	? Tuberculous synovitis of knee.

Case under Mr. Lane for Mr. Lucas.

Meningeal Hæmorrhage.

T. T., æt. 40, is brought up to the front surgery at seven o'clock on the evening of March 29th. He is very drunk and admits having been drinking. He has fallen down some urinal steps on to his head. There is a scalp wound about an inch and a quarter in length lying parallel with the upper margin of the left orbit over the frontal eminence. On probing this, it was found to be quite cutaneous, neither pericranium nor bone being felt. The pulse is 70 and normal; the pupils are equal, not dilated, and react to light: there is no bleeding from the ear or nose, and no fracture can be felt, nor anything indicating serious mischief. The scalp wound is dressed antiseptically, and patient is taken away about eight p.m. by the police, to be charged the next morning with drunkenness. At the police station patient is examined by the Divisional Surgeon, who finds the same conditions as were noticed in the front surgery. Some six hours after the accident patient became unconscious, and is brought up to the hospital at 3 a.m. the following day (March 30th).

On admission.—Patient is comatose and breathing stertorously; the left pupil is about normal in size, the right much contracted (about one-third the size of left); neither react to light. Patient cannot be roused on shouting in his ear, but he moves slightly, evidently in some pain, when firm pressure is applied in the neighbourhood of the scalp wound. The arms are crossed over the chest and the body is rigid, which rigidity is absolutely bilateral and universal; there is no paralysis of any limb; knee-jerks are present and not exaggerated; there is no appreciable difference in the temperature on the two sides of the body; the pulse is regular, 90 per minute, and of good volume. Patient is at once admitted into "Accident."

Whilst the nurse is washing patient she notices a small amount of coagulated blood in the left ear, possibly from the scalp wound.

About 5.30 a.m. patient has a fit, consisting of slight symmetrical twitchings of the face and ears; it lasts but a few seconds.

At 6 a.m. patient remains in much the same condition as on admission, the pulse remains fairly good, but is irregular, one minute being 120 and the next only 80. Urine and fæces are being passed involuntarily.

At 8 a.m. Mr. Lane is called to see patient; it is then noticed that about every minute and a half or two minutes there is a very slight increase of rigidity over the whole body, accompanied by almost imperceptible symmetrical twitchings of the muscles of the face. Apart from these diminutive fits, the left side of the upper lip is continually being drawn up, this occurring with intervals of about one minute. The pupils are in the same condition as on admission.

Mr. Lane does not think the symptoms sufficiently localizing to justify operative interference.

At 10 a.m.—Temperature has risen to 104·8°; pulse 104; respiration 36.

10.30 a.m.—Pupils are almost equal and slightly dilated, do not react to light: respiration is becoming slower.

Patient gradually becomes cyanotic, breathing more shallow, and dies from failure of respiration at 12.15 p.m. after a second similar fit.

Post-mortem.—There is a large circular extra-dural blood-clot three and three-quarter inches in diameter, compressing and lying over parts of the ascending frontal, ascending parietal, parietal, and first and second temporo-sphenoidal convolutions, arising apparently from an anterior branch of the middle meningeal artery. There is a vertical fracture (no depression) of the skull running from slightly internal to the scalp wound, beneath it, and extending through the petrous portion of the temporal bone to the jugular foramen.

REMARKS.—The points of interest in the case are;—

1. The bilateral rigidity, which persisted from the time of admission into the hospital till death, there having been at no time any paralysis of a group or groups of muscles.
2. The fits were very slight and symmetrical.
3. The pupils were certainly unequal, but whilst unequal, that on the side of the lesions was at no time larger than normal.
4. The constant drawing up of the left side of the upper lip was quite antagonistic to the fact of there being compression on that side of the brain.
5. The pulse was not early, slow and full as is usually characteristic of cerebral compression.
6. The antagonism of unequal pupils and bilateral equal rigidity.

A. H. B. K.

"Clinical."

1. Hydro-pericardium.
2. Aortic regurgitation. Mitral regurgitation. ? Mitral stenosis.
3. Pernicious anæmia.
5. Biliary fistula.
7. Ulcerative colitis.
8. Phthisis. Left apex.
12. Intestinal obstruction by a band.
15. Contracted stomach after HCl poisoning.
16. Aneurysm of ascending aorta.
17. Pleurisy. Pericarditis.
18. General peritonitis.
19. Abductor paralysis. Phthisis.
20. Gastric ulcer.
23. Malignant disease of sigmoid. Colotomy.
24. Mediastinal growth.
26. Cirrhosis of liver.
28. Mitral stenosis and regurgitation.
34. Recurrent transient œdema.
35. Intra-cranial tumour. Exploration.
36. Acute pneumonia.

In the Post-Mortem Room.

UNDER DR. PYE-SMITH.

ACTINOMYCOSIS PRIMARY IN THE SPLEEN.

MARY K., æt. 54, was admitted on the 17th of February, for epigastric pain. Her temperature was 98°, pulse 78, and respiration 17. She had influenza three years ago, and last summer had passed blood per rectum. The present illness commenced three weeks before Christmas, 1896, with pain, constipation, vomiting and painful micturition, and a lump was felt in the right lumbar region, so that she was thought to have intestinal obstruction.

On admission.—Her tongue was furred, moist and flabby, lips dry, and she was constipated, and had epigastric pain. There was no abdominal distension and no tumour, nor any enlarged viscera to be felt, and she presented no abdominal physical signs. On the 21st her temperature rose to 103°, and she had a rigor, and others on the 22nd, 23rd, 24th, 25th and 26th.

25th. She had shortness of breath, epistaxis, and râles and rhonchi were heard over both lungs. A hard

lump was felt per rectum in the upper third. She was very anæmic, and an examination of the blood showed corpuscles 75 per cent., hæmoglobin 30 per cent., and white corpuscles in excess.

27th. An apical systolic murmur was heard, and she had petechiæ on forearms and abdomen.

March 2nd. She was dyspnœic, with pain all over the abdomen, but nothing could be made out. Temperature 100°.

3rd. She became collapsed, and died in the morning.

A list of symptoms was the only attempt made at a diagnosis, though some septic condition was suspected.

At the autopsy.—The spleen was found to weigh nineteen ounces, was soft, and full of small, smooth-walled abscess cavities, congregated around the uppermost branch of the splenic vein. This vein, together with the portal and superior mesenteric veins, was thrombosed, and full of foul sanguineous pus. The liver was enlarged and riddled throughout with small abscesses of more recent date than those in the spleen, with the larger one at the portal fissure. The pancreas was hard and indurated, but its duct was pervious, and so was the bile-duct. On microscopical examination, sections of the liver, after staining with Carmine and Gram's method, showed the abscesses to be due to actinomycosis. Threads of mycelium could not be demonstrated in the abscesses of the spleen, but the older character of the abscesses, and the absence of any other lesions, pointed to this organ being the primary seat of infection. The heart muscle showed well-marked pigmentary degeneration.

Case for Diagnosis.

A. F., 11 years old. Admitted for sickness and abdominal pain and tenderness.

Medical history.—No history of any illness, except measles when three.

History of present complaint.—About 14 days before admission, patient went for a trip to Blackheath and there had an extensive meal of ice-cream, cockles and whelks. The same evening he complained of pain in the abdomen. This pain continued to be more or less severe until three days before admission. On the evening of this day he suddenly was very sick, and this vomiting continued about six or seven times during the day until admission. The vomit was fluid, containing some undigested food, and of a light green colour. Patient had had a good appetite until he was sick; after that he had nothing but milk to drink. Patient's bowels were open regularly every day. On the day previous to admission he was given a Seidlitz powder, and his bowels were open on day of admission.

April 29th. *Condition on admission.*—Pulse 84; temperature 97·6°; respiration 32. Patient is a well-nourished, rosy-cheeked, healthy-looking boy. His pulse is strong and full. At intervals he writhes about in the bed as if suffering from colicky pains. These attacks seem to be brought on by exposure of the abdomen to the cold.

Alimentary system.—Tongue furred and white; lips dry. Abdomen slightly distended, rigid, moves a little on respiration. Three transverse eminences, like distended coils of intestine, seen in region of umbilicus. Abdomen is intensely sensitive to the slightest pressure. No hyperæsthesia of skin; and cutaneous reflexes are not exaggerated. Abdomen tympanitic all over on percussion. Nothing abnormal found on R.E. Vomiting occurs about once every three or four hours, and consists of undigested milk contained in an excess of greenish fluid.

April 30. Opium given, but does not relieve sickness much. 1 p.m.: Enema saponis given. This brought away a few lumps of fæcal matter. 10 p.m.: Enema saponis given with no result. Abdomen still very tender; attacks of colicky pains as frequent. Abdomen a little more distended, and the coils of intestine appear to be quite stationary. (For key to this case see p. 236.)

H. J. S.

Chapel News.

(CONTRIBUTED BY THE CHAPLAIN).

THE decorations this Easter surpassed anything before attempted in Guy's Hospital. The display of white flowers, skilfully arranged, was very beautiful But the festoons of delicate green *smilax* just gave the finish which our reredos still requires, owing to the empty spaces reserved for the pictures we hope to put in some day. To the generous donors, and to the Matron who arranged their gifts, we tender our congratulations and thanks.

The offertories at all the services next Sunday, May 9th, will be given to the Rochester Diocesan Society, as in all the churches of the Rural Deanery of Southwark.

The following notice from the Bishop of the Diocese appears in the "Rochester Diocesan Chronicle":—"I have received a very strong recommendation that, where the Hospital Sunday Fund makes it impossible to take June 20th for the purpose of the Queen Victoria Clergy Sustentation Fund, the offertories of May 23rd—being the day before the Queen's birthday—should be asked for the latter fund, which has long been appointed by authority as the Church Memorial of her 60th year. I desire to amend my suggestion in last month's 'Chronicle' accordingly."

In accordance with this notice of the Bishop, the offertories of May 23rd will be given to the Queen Victoria Clergy Sustentation Fund, and of June 20th to the Guy's Hospital Re-endowment Fund, following in this latter point the precedent of last year.

This is not the place to plead the cause of the Clergy Sustentation Fund, and we do not intend to anticipate

the work of May 23rd. But we crave space for one statement taken from "Crockford's Clerical Directory for 1897":—"It is a fact that ought to be well known that, though the clergy receive for their services about £3,000,000 a year from Church endowments, they pay income-tax on a sum of no less than £9,000,000—that is to say, they bring some £6,000,000 of their own means to the assistance of the Church." And yet the laity are every day claiming a larger measure of control in matters ecclesiastical!

The Services.

(From our Special Correspondent).

THE NAVAL MEDICAL SERVICE.

At the forthcoming examination for commissions in the Naval Medical Service fourteen vacancies will be filled by successful candidates. The examination commences on May 17th.

The following facts about the composition of the medical department of the Royal Navy may prove interesting to some. At the present time there are on the active list 417 medical officers of various ranks, and an attempt has been made to determine from what medical schools these officers entered the service. According to information supplied by Churchill's Medical Directory, 197 came from English schools, 114 from Ireland, and 82 from Scotland. This leaves 24 unaccounted for, about whom history is silent or insufficient. These figures may be slightly misleading, as a certain number of those who owe their position to diplomas acquired in other parts of the kingdom, possibly commenced their education in London and reaped the results of their labours elsewhere; but gratitude has not prompted these officers to divulge their original alma mater. At the present time the metropolitan medical schools supply the following number of medical officers in Her Majesty's fleet, and it is a matter for congratulation that Guy's heads the list.

Guy's	36
Bart's	23
London	23
University College	21
King's College	16
St. Mary's	14
Middlesex	13
Charing Cross	12
St. Thomas's	11
St. George's	8
Westminster	8

Twelve officers "hail" from provincial schools.

Acknowledgments.—The Clinical Journal; Pediatrics; Medical Pioneer; Corpuscle; St. Bart's Hospital Journal; Treatment; St. Mary's Hospital Journal; Journal of Balneology and Climatology.

The Plan of Campaign against the Bubonic Plague in Bombay.

About the beginning of March the new plan of arrangements against the plague, which had hitherto more or less defied the authorities, began to be formed, and was placed in the hands of the general in charge of the Bombay district—General W. Gatacre, C.B., D.S.O.—one of the most energetic and clear-headed men we have. He formed the plague committee, which consisted of himself as president, two well-known medical men, an engineer, a secretary, etc., and took up his headquarters at Malabar Hill. On the 10th I found myself in orders as doing duty with the plague committee, and the following day went up to report myself for duty, and to learn what I was to do. Briefly stated, I found that the island of Bombay had been mapped out into ten districts, and that each one of these districts was under the immediate control of a medical officer. My own district comprised four large portions of the island, and were called Chowpati, Girgaum, Dhobie Talao and Fanaswadi, forming No. 5 district. These were again grouped into two sub-districts, Dhobie Talao and Fanaswadi being one (the central), and Girgaum and Chowpati the other. One hospital containing two sections, or forty beds, was also placed in my charge for this district, and was very conveniently placed in the Charni Road Gardens, facing the sea and admirably situated for its purpose; this I shall describe later on. There was also built a large segregation camp close at hand to house people who had to be turned out of their houses in the infected areas. The size of this No. 5 district will be seen from the population of last census, viz.:—

	Population.	Houses.
Dhobie-Talao } ...	39,945 ...	1,620
Fanaswadi } ...	24,669 ...	1,146
Chowpati	11,512 ...	902
Girgaum	26,999 ...	1,280

These two sub-districts were now mapped out by me into twenty-three parts, or blocks, and each block was placed in charge of a justice of the peace and his staff. These justices of the peace were well-to-do citizens of Bombay, who had volunteered their services for the occasion, and were chiefly selected from those residing in each block. Many of these native gentlemen were medical men, and consequently were well acquainted with the locality they were employed in, and all were well-known men in those parts. Their duties were explained to them by General Gatacre in a meeting that was held for the purpose, and consisted in a daily visit of a portion of their blocks to see if any cases of plague had occurred, to bring to notice any insanitary structures, overcrowding, etc., and to report to me daily about these matters. I had personally to make myself acquainted with my large district, and in company with an inspector of the health department, to whom the localities were well known, to inspect the most

insanitary quarters, and to show the various justices of the peace the way that the committee required the work carried out. Needless to say, we had to visit some most noxious places, where sanitation was very little known and carried out, and where the people were living in rooms which were devoid of light, air and ventilation.

The staff who accompanied each justice of the peace usually consisted of one sub-inspector of the health department and his subordinate, one policeman, and three or four military sepoys, to form a guard in case of any friction between the justices of the peace and the occupants of the houses. Each justice of the peace had instructions to visit every house in his block, and make a thorough examination of each room. Should he find any house locked, and, as in many instances now, the owner gone away from Bombay, he had power to break open the lock and have the rooms opened out, and if they required it, thoroughly cleaned out. Should a case of plague be found in a room, the case was sent to the hospital nearest at hand, the bedding and infected materials burnt at once, and the rooms on either side evacuated; the disinfecting staff attached to each district were informed of the case, and came down with necessary apparatus. The room would then be well washed with perchloride of mercury solution by means of Japanese wooden pumps; the floors dug up and sprinkled freely with disinfectants; the doors well closed and sulphur burnt in the room. When the room was dry, the walls would then be thoroughly lime-washed, and left for a period of a month or more before being again inhabited.

In this way a great deal of good has been done in the infected quarters. In some of the quarters large houses called chawls are situated. These chawls are blocks of buildings, sometimes built of very flimsy materials, which are partitioned off into a great number of rooms, each let at a rental of from Rs. 1 to 3 a month. The partitions between these rooms usually consist of bamboo and mud, and are very flimsy. They are also very dark, dirty and badly ventilated. It has frequently happened that these chawls have had to be thoroughly cleaned up, although cases may not have occurred in them. Notice is issued to all the residents that they will have to quit their rooms in two or three days, and find accommodation elsewhere, and on the day appointed the municipal fire engine arrives on the scene, and the whole place, including all the drains and gullies adjoining, is thoroughly douched with phenile and water and left to dry, and then it is well cleaned with lime-wash. This process makes quite a transformation of these dirty dens, which after being whitewashed and cleaned are hardly to be recognised as being what they were. And so the cleansing process is being gradually carried on.

Reports are also sent in by each district medical officer of all houses which are in an insanitary condition, usually having their latrines in a filthy and broken-down condition, their drains out of order, the gullies at the back badly paved, an old disused well in the middle of the building. Some houses are recommended to have certain alterations made, viz., to have their rooms better ventilated and more light let in by means of windows. Some houses are condemned to be demolished because they block out light and air from adjoining structures. All these reports are sent on to the plague committee, and noted, and will, I hope, be gradually carried out, and the present cramped houses, with narrow lanes and insanitary surroundings, improved. There are three sub-divisional medical officers attached to each district, and it is their duty to attend in case of any suspicious case. They are usually to be found at some central place, and when the justice of the peace, in his rounds, meets with a sick person, one of the military sepoys is sent off to bring the sub-divisional medical officer, who examines and pronounces if the case is one of plague or not, and measures are accordingly taken.

I am glad to say that the house-to-house visitation has not produced any friction as yet in my district, chiefly because the inhabitants are usually Hindoos and Mahrattas, and very few Mahomedans are located here. These last are a source of considerable trouble in some of the other districts, and they strongly objected to segregation of the sick, examination of their houses and womenkind, and removal to hospital; but the judicious use of our troops on the scene, and the help of lady doctors and a little moral persuasion has been found efficacious, and the consequence is that a great many cases have been found in these Mahomedan quarters, and removed to hospitals. This caste prejudice has been found a great bar to the stamping out of the plague, and I cannot help thinking that had our present measures been carried out at first, the disease would never have reached its present proportions, and many valuable lives would have been saved. To help the solution of this question a number of private hospitals have been formed for the various communities in various parts of Bombay, and fifteen government hospitals and twenty-six private hospitals (fourteen for Mahomedans, eleven for Hindoos of various denominations, and one for Parsis) have been erected for the treatment and isolation of plague cases.

In giving a description of my hospital and its establishment some idea may be formed of the general run of these places. There are two large wards in my hospital each capable of holding twenty cases—one for men, the other for women. They are very lightly built of bamboo, matting and a framework of wood; they are partitioned off into ten partitions with a central passage, these partitions being only some four feet high, so that there is plenty of ventilation. Each ward is about sixty feet by twenty-five feet, and eighteen feet in height on the ridge. There is ample ventilation, as the ridge is open, and there is a space about a foot at the base which is also open. The plinth is raised about eighteen inches from the ground and is whitewashed over, as is the whole structure, except the roof, which is made of the usual material used here, viz., date palm leaves. Attached to my hospital are—the nurses' quarters, hospital assis-

tants' quarters, huts for segregation, bathrooms, cook houses, ward servants' quarters, latrines, mortuary, dispensary and office; all except the cooking quarters are built of the same material as the wards. The cook rooms are of corrugated zinc.

The situation of my hospital is very suitable for its purpose, being built in shade and facing the sea, which is not much more than a stone's throw away, so that plenty of fresh air circulates through the wards.

My establishment consists of a locally qualified medical officer, two day and one night nurses, eight ward orderlies (military sepoys who have volunteered for the work), one hospital assistant for day and one for night duty, one writer for keeping the accounts, diets, etc., two cooks (of different castes), eight sweepers, one cook and an attending man for the nurses, and one washerman for washing the clothes of the sick.

The beds for the sick are a rough framework of wood on four legs, the mattress being formed of wire netting of small meshes, which is tied on to the framework by string. Over this is placed a straw mattress and pillow. Each patient is allowed a sheet, two blankets and, if necessary, a waterproof sheet; a wooden box by the side of the bed holds his food, etc.

The committee have invented between them a very useful ambulance litter in place of the dreadful-looking, yellow carriage that was used to bring away patients; these indeed excited the wrath of the population so much that they broke several of them up. I send you a photograph I took of the new ambulance, and which will give you a good idea of what it is like. I have three of them in my district—one at my central office at Dhobie Talao, one in my sub-district office at Girgaum, and one in my hospital at Charni Road Gardens. We have besides two hand litters and a bier in my hospital. When a patient is brought to the hospital he is at once removed to the bath room and has a hot permanganate bath, his clothes either thoroughly disinfected or burnt, and hospital kit—consisting in a flannel shirt or blue blouse and a pair of trousers—given him, and he is then removed to the ward for treatment.

In my next I hope to be able to send you a few notes as to the symptoms, treatment, etc., of the cases in my hospital, which I trust will be found interesting.

J. S. WILKINS,
April 15th, 1897. Surg.-Lt.-Col. I.M.S.

Papers by Guy's Men.

The following papers have recently been contributed by Guy's men to the medical journals:—

Two cases of intussusception treated by laparotomy, one presenting several unusual features. By R. Lawford Knaggs, M.C. Cantab, F.R.C.S. Eng.—*Lancet*, 24th April.

The present aspect of the treatment of congenital displacement of the hip. By A. H. Tubby, M.S. Lond., F.R.C.S. Eng.

Obituary.

Mr. S. J. A. Salter.

The death has recently been announced of Mr. S. J. A. Salter, M.B., F.R.S., who resigned the office of Dental Surgeon to the Hospital in the year 1880, after twenty-nine years' tenure of that position.

Mr. Salter, who succeeded his uncle, Mr. Bell, in the office of Dental Surgeon to the Hospital, was greatly respected by all who knew him. The cares of a very large city practice sat lightly upon him, and he was thus enabled to devote a portion of his leisure to scientific work in connection with the Linnæan and Ray Societies, where his relative, Bell, had filled the offices of Secretary and President.

His attention to the work of his post at Guy's was proverbial. Every Thursday, as the clock struck twelve, a four-wheeled cab would drive into the front square, from which Mr. Salter would alight and proceed to the Out-patient Room with a regularity rivalling the clock itself. The social life of the Athenæum Club lost a good deal when Mr. Salter retired from practice and from London to enjoy the pleasures of rural life at his country house near Basingstoke.

On the occasion of his leaving Guy's, the General Court of Governors passed a resolution conveying a special vote of thanks to Mr. Salter "for the valuable services gratuitously rendered for a period of twenty-nine years."

Committees.

HOUSE COMMITTEE.

The House Committee have authorised the purchase of an incubator for use in the public health laboratory, such incubator to be reserved for cultivations taken from cases in the wards. They have also adopted the report of Mr. Kirkland, the consulting engineer, for the improvement of the ventilation of the laboratory at an estimated cost of £25.

The committee have had two clusters of trees planted, one on either side of the front entrance of the hospital. The trees are the gift of Mr. H. Lafone, who has also borne the expenses incidental to planting them.

Mr. J. H. Targett has commenced work as obstetric registrar, and Dr. Horrocks, having now removed to the West End, Mr. Targett has also become responsible for certain of the assistant obstetric physician's duties in the lying-in charity.

The Matron has been authorised by the house committee to make important alterations in the nursing uniform. The caps of the nurses and probationers will be of a pattern at once simpler and, as is hoped, more becoming. Their aprons are to be provided with bibs and straps. It is intended that the new uniform should be ready for the Prince's visit on the 26th inst.

The house committee have granted the use of the Court Room on the 8th prox. for the Residents' dance.

Miss Cecily Finnemore (Sister Cecily) has been transferred from the post of matron's housekeeper to that of hospital housekeeper in the room of Miss Hughes, whose death took place from influenza, followed by pneumonia, on the 26th ultimo.

GENERAL COURT OF GOVERNORS.

At a meeting of the General Court held on February 3rd, 1896, a report was received from the house committee setting forth the advantages which might in their judgment be expected to result from the establishment of close spiritual relations between the hospital and the newly-erected collegiate foundation of St. Saviour, Southwark. The chaplain, Mr. C. H. Bowden, attended, and intimated to the court that he would not allow any personal considerations to stand in the way of what the Governors might consider to be for the benefit of the hospital; he accordingly tendered his resignation, the same to take place on the 31st of next December. His resignation was accepted by the Court with regret, and the house committee were thereupon authorized to enter into negotiations with the Bishop of the Diocese and his suffragan. As the result of their joint deliberations certain recommendations were drawn up, which were considered by the General Court on the 5th inst., and, after a few unimportant amendments had been made, were accepted with practical unanimity. The recommendations are as follows:—

1. That the Bishop of Rochester be appointed chaplain of the hospital as from the date on which the resignation of the Rev. C. H. Bowden takes effect.

2. That, subject to the pleasure of the Court, the appointment of chaplain run for a period of two years from the 1st of January, 1898, and that at the end of that period it be terminable by six months' notice on either side.

3. That the salary attached to the office be £350 per annum, without residence or other allowances.

4. That a chaplain's room be provided within the hospital.

5. That the duties of chaplain, as set forth in the memorandum printed with the report, be carried out to the satisfaction of the house committee, and that existing arrangements regarding the Lay Reader and Sunday Preachers remain unaltered, unless modified by the sanction of the Court of Committees.

6. That the Bishop undertake to appoint two at least of his clergy for the discharge of the chaplain's duties, and that, upon the request of the Court of Committees, the Bishop consent to withdraw either clergyman so appointed.

7. That the Chapel services be such as to give no reasonable ground of offence to moderate persons being members of the Church of England.

8. That the sick have, as heretofore, every facility afforded them of receiving the visits of the ministers of their respective denominations, and that due respect be paid to the religious convictions of all who are inmates of the institution.

At the same meeting the court decided to authorise the Treasurer to introduce a public bill into Parliament having for its object to permit of an increase in the number of Governors, to empower the corporation to hold real estate beyond the limit now laid down in their Act, and to allow the General Court to dispose of real estate on the condition that the proceeds be invested in Trustees' securities.

Mr. E. H. Lushington was appointed a member of the College Committee in the place of Sir Henry Peek, Bart., resigned.

The Germ that turned.

A typical Typhoid Bacillus
Walked in at the Editor's door:—
"You swore you intended to kill us;
Come out, Sir, and do what you swore!

Here's a Microbe, unlabelled and idle,
A Cholera Vibrio, too,
Who question your views germicidal,
And are anxious to argue with you."

Our Editor, scenting disaster,
Ran fast for his truculent pen,
But the Vibrio pounced on it faster;
O where was our Editor then?

They sterilized, coloured and stabbed him,
Regardless of all etiquette,
Repressing the screams of their victim
With a file of his Christmas GAZETTE.

In a pure gelatine preparation
They bottled him up on a shelf,
And bade him begin incubation
And see how he liked it himself.

Next morning the Publisher's devil
Assaulted our Editor's door,
And thought him extremely uncivil
The claims of the Press to ignore.

Unused to take any denial,
He searched for him everywhere, but
Found nothing except a large phial
Marked "Poison. Keep carefully shut."

In zeal scientific and proper
The office cat's system to test,
With his teeth he extracted the stopper—
We only can guess at the rest.

We found in his corpse on dissection
Bacilli of *dele* and *stet*
And germs of blue-pencil infection
Such as editors commonly get.

The room was remarkably scented
With gas at a penny a line;
But our Editor, deeply lamented,
Had gone without leaving a sign. F. S. P.

Passim.

Elsewhere will be found the scheme, sanctioned by the General Court, whereby the religious ministrations of the hospital are to be placed under the charge of the Bishop of the diocese. We are glad that the publication of the scheme makes it possible for us to correct an impression which has been fostered by comments in the clerical press, to wit, that the Governors were making an attempt to economise in the direction of their chaplain's salary, and, so to speak, "to run things on the cheap." We observe that the remuneration to be paid to the Bishop in consideration of the discharge of the functions imposed upon him is £350 per annum, and a chaplain's room is to be provided within the hospital. The stipend of the present chaplain is, we understand, £300 per annum, and he has in addition thereto a somewhat inadequate residence, with certain allowances. It is obvious, therefore, that the pecuniary saving to the hospital to be effected by the change cannot seriously have weighed with those who have been responsible for the new departure.

The ceremony of opening the new school buildings by H.R.H. The Prince of Wales is arranged to take place on the afternoon of Wednesday, May 26th, at four o'clock. Students who wish to hear the speeches will have to decide whether they prefer to be present at the reception of the President of the hospital by the staff of the medical school, or at the formal declaration of the opening of the new building. The former will take place on a platform to be erected at the southern end of the colonnade, and seats and standing room will be available around this in every direction. The latter proceedings will be held in the new anatomical theatre, the gallery of which will be open for students only, the seats below being reserved for guests by special invitation of the medical school. Those who intend to invite friends to the ceremony should ask for cards of application in the library, and send in application before Wednesday next to the school-office. Seats will then be allotted around the platform at the end of the colonnade. Diversion will be afforded, it is said, not only by a band in the park, but also by the Nurses' Choral Society in the theatre.

The authorities have decided for the occasion to request the members of universities to wear academic dress, and arrangements are being made with one of the city firms to send a representative to the hospital, on some day to be announced by notice in the colonnade, to receive orders for the hire of caps and gowns and hoods. It will certainly add considerably to the somewhat ponderous interest of the occasion to see members of the staff, as well as men of humbler estate, decorated as they have seldom if ever been decorated before. It will make the arrangements rather more elaborate and the occasion in consequence more distinctive. Accordingly, although proctors have not as yet been appointed to enforce compliance, we hope that the proposal will be readily adopted and carried out.

The memory of the day is to be perpetuated in the following issue of the Gazette, in which we shall hope to reproduce a photograph of the ceremony. A prize of half-a-guinea will accordingly be given for the best snap-shot taken on the occasion, if sufficiently good for the purpose. We should like also to suggest, on behalf of all Guy's men, past and present, that as this will be a unique occasion for the gathering of those in authority, a few professional photographs should be taken of the school and hospital staffs either before or after the Prince's visit. The last group of the medical staff that was photographed was incomplete; there has been at least one change since then; and all Guy's men would be glad to have a good copy, if the Gazette could produce it, of any satisfactory photograph that might be taken.

The Nurses' Choral Society gave a most successful concert on Thursday in the Governors' court-room; and since this is announced as their first annual concert, we may look forward to equally pleasant entertainments in future years. An account of the concert will be found elsewhere, and we need only add that it proved also a financial success, so that the nurses' piano is one step nearer Home.

As was announced in our last issue, four staff-nurses from Guy's have left London for Athens under the auspices of the Greek Nursing Fund, to give their help in the Greco-Turkish war. The first pair left Charing Cross on the evening of Friday, a fortnight ago, a considerable deputation from Guy's being present on the platform. As a fact the train nearly left the station without them; it started before they had taken their seats, and they were

obliged to catch up their carriage and be hustled into it most unceremoniously by the guard and their friends. "Auld Lang Syne" therefore faded away at the end of the second line, but was replaced by three good ringing cheers, so soon as the crowd realized the situation. They reached Athens on Wednesday, while the other two nurses from Guy's, with four others, were starting on their journey. The latter announced their safe arrival on Monday last by telegram.

BESIDES our nursing correspondent with the war, an artist and a medical correspondent are also representing the GAZETTE in Athens, and on the way to Greece respectively. Mr. W. M. Thomas happens at the same time to be representing the Daily Graphic, and Mr. H. S. Turner has resigned his dressership in order to make use of the opportunity offered to him. We publish elsewhere the first letter from our purely medical and special correspondent, who had then reached as far as Newport in Monmouth, his route to Greece being somewhat devious in consequence of the P. and O. boat-train starting without him. Mr. H. A. Moffat has also gone out as medical officer to the war. Their lot and that of the nurses in Athens will, it is to be feared, be no easy one in view of the internal troubles in Greece which seem likely to follow upon the war; and further information will be anxiously expected.

GUY'S Hospital was represented in the West African expedition to Bida by Mr. T. W. Stanton, who has returned safely, although without much experience of military surgery. It was almost a bloodless campaign, and the only major amputation performed was on a native woman, the subject of an accident and not of a gun-shot wound.

THE following exciting incident which occurred to an old Guy's man is taken from the Malay Journal, Straits Settlements:—

"Further particulars to hand show that Dr. Wellford was out elephant shooting with Mr. Charter and when going alone along a narrow track, through some very high grass, came upon the elephant round a corner. He fired and the animal charged. He fired again as the brute was on him and was then knocked over. Thereupon the elephant proceeded to kneel upon him, which operation it repeated three times before Mr. Charter, coming up and seeing its head moving, fired at it. This scared it off and going on, Mr. Charter found Dr. Wellford apparently lying dead in the mud. The Doctor opened his eyes and remarked 'How pale you look, Charter'. So it was evident that he was not dead. Undoubtedly, however, he owed his life to the bog-like morass in which the elephant drove him during its attempt to squash the life out of him. The Doctor's attendants had all cleared except a little Malay boat boy who was of the greatest assistance in helping him to walk home with several ribs broken. We are but echoing the general opinion of Kuala Lumpur in offering Doctor Wellford our heartiest congratulations on his narrow escape.

IF any special suggestions are forthcoming as to the celebration of the 22nd of June in the hospital, we should be glad to publish them in our correspondence columns. For the patients, rumours have been set afloat of concerts, special dinners, patriotic decorations, and even a public tea in the out-patients' department; while for those who would like to see the state-procession there are seats to be had at reduced prices in most of the houses in the Borough, and in the offices of the Clinical Research Association, which will command a fine view; and arrangements might be made for ambulance work along the line of route. In the evening it was, at least at one time, proposed to hold a torchlight procession. Perhaps the *Guyoscope* will have some ideas on the subject.

THE British Institute of Public Health announces that on June 16th, at 3 p.m., they will hold a public meeting under the presidency of the Lord Mayor, to move an address to Her Majesty in connection with the progress that has been made in matters of public health during her reign. In the evening the annual dinner of the Institute will be held, at which Professor Pettenkofer, Lord Kelvin, Lord Playfair, who is chairman of the committee engaged in making the arrangements, Cardinal Vaughan, and other guests will be present. Applications for tickets should be made at once to the Secretary, at 20, Hanover Square, W.

THE Harben lectures of the same Institute will be given in King's College at 4 p.m., on Wednesdays June 23rd and 30th, and July 7th and 14th. Dr. G. Sims Woodhead will lecture on the following subjects:—(1) The Diagnosis and Treatment of Diphtheria; (2) The "Stamping Out" of Tuberculosis; and (3) Biological "Filtration."

Some elucidation of the law is required on the subject of the Clubs' Union colours. Colours that are the exclusive mark of a "Blue" have been indiscriminately sold to those who have not that distinction, while those who have wished to buy a Guy's "blazer" have been confronted with the curious fact that no such article has ever been officially sanctioned. The best coat made with the intention of representing the membership of the Clubs' Union is of blue flannel edged with gold cord, and ornamented with the arms of the hospital worked in worsted on the pocket. But now that there are two tailors competing for the patronage of the Clubs' Union, it would be advisable to have one coat recognised as orthodox.

On another column the fixtures are given of the cricket club initiated by the servants and officers attached to the hospital and medical school. Mr. Lyons is captain, Mr. Reaside vice-captain, Mr. Hancock secretary, and Mr. Croucher, of course, treasurer. The ground is at Peckham, where they led off with a very successful trial match of ten a side. We wish them a good match with our second eleven next Saturday, and a successful season in their other fixtures.

The cricket season has opened rather disastrously for Guy's in a defeat by Beckenham by a large margin. Beckenham, of course, are a very strong team, and were already to some extent in practice, while for most of our men it was their first appearance on the cricket field this season, and some of the best players were absent. Wednesday's trial game was spoiled by the weather, so that it would be unsafe to make any conclusions as to fresh talent. If Guy's are to keep the cup, however, its representatives will be obliged to practise assiduously; and it is to be hoped that the nets and the second team matches will be well patronized.

The trial match of the lawn-tennis club on Wednesday was similarly spoiled by wind and rain, and no new talent was brought to light. There are four vacancies in the team, and as there are several competitors for them of fairly equal merit, the selection will probably depend upon the diligence with which those competitors practise at Honor Oak. The courts are always open, and a game can generally be had for the asking on most afternoons.

The water-polo ball is kept by the attendant at the St. Saviour's Baths, and may be had from him on application. The secretary of our swimming club hopes, however, that the ball will be returned after use, and that it will be used with caution. There were several complaints made by the visitors to the baths last year; and an unintentional hit on the head is objectionable, in the first place because it hurts and in the second because it may lead to the ejection of the Guy's Hospital Swimming Club from the baths, and its consequent dissolution.

The United Hospitals' Athletic Club are sending a team to meet Dublin on June 19th. Heats for securing places in the team are to be run off on May 27th, and names should be sent in to the honorary secretary. The annual sports are fixed for Saturday, July 10th.

A small group of young plane trees has been planted in the ground on either side of the front gate of the hospital, by the generosity of Mr. Lafone. They are already springing into leaf, and have the advantage over the limes in their tubs on either side of the colonnade, which get but little direct sunlight and have not yet begun to sprout.

A pleasant likeness and a good picture of Dr. Wilks by Mr. Percy Bigland of Chelsea occupies a prominent position in the exhibition of the Royal Academy which opened on Monday. He is represented as sitting at a table, arrayed in his official robes as President of the Royal College of Physicians. The picture is very well reproduced in "Academy Notes," a copy of which has been sent to us; and on the opposite page is shown Mr. Brown's portrait of Sir Wm. MacCormac; while Mr. Ouless' striking picture of Lord Lister is also well given.

An Anti-Quackery League has been established and has sent us a prospectus, giving its aims and objects. The latter are chiefly served by the delivery of free lectures, and the publication of the analysis of some of the chief patent-medicines of the day. The work is interesting in itself, but it is doubtful what good service, if any, is done by it to the world at large. The reasonable public, for the most part, have already made up their minds on the subject; while unreasonable persons will continue to use quack medicines in the face of all

analyses and medical opinions, to their dying day. And besides it is an undignified and an unwise thing for the profession to take any notice of quackery in any form.

Another original publication sent us is entitled "A Plea for the Unborn." The author wishes to stamp out tubercle and immorality and ugliness and other defects from the human race by the simple plan of selecting the most desirable people to marry, on the principle of the florist or the dog-fancier. Dr. Henry Smith's ideals are really beautiful, so far as they go, and his suggestions would make a very pleasant dream. But we unfortunately live in a world of facts, and the wild impossibility of such a scheme is as striking as are the extraordinary statements on which it is based. Perhaps the author lives in a world of his own drawing, in which case his existence may be more comfortable than that from which he has gathered his very uncomfortable conclusions about "Man as he is."

The last paragraph is published to-day of a series of selections from Hippocrates' treatises, which have been selected from the Sydenham Society's edition by an old friend of the Gazette and an ardent admirer of good literature and true science. We have also received from him, and hope in turn to publish a similar series from "the Aphorisms of Hippocrates," in the hope that they may prove of interest to a few who admire and would seek to share in the extraordinary wisdom and power of observation that they display, their main rules and conclusions remaining true even to the present day.

We must congratulate Dr. Fawcett on his appointment as assistant physician to the Royal Free Hospital.

The Residents' Dance is fixed for Tuesday, June 8th. Further particulars will be announced in our next issue.

Dr. Richard Bevan, of Lydd, Kent, has been presented with a silver cigarette case by the Brookland Ambulance Class, in appreciation of the skill and ability with which the classes in that locality have been conducted. At a largely attended meeting held on April 24th, at Newport, Pembrokeshire, Dr. H. Bowen Perkins, the Mayor, who is leaving the town, was presented with an address.

It is with sorrow that we have to record that, amidst our busy usual occupations and varied interests, death, "the Reaper," has once more silently and swiftly entered our ranks, not amongst our nursing staff this time, but to one whose life was spent in work that added to their comfort and who always showed a keen interest in assisting in anything that might give them pleasure. Miss Frances Hughes had presided over our sisters' and nurses' dining-halls and the kitchens for some years, and will be much missed in her own department, though little known outside it. She died on Monday, April 26th, in Bright ward, and the first part of the burial service was read in the chapel at 9 a.m. on Thursday before the burial, which took place at Putney.

The Opening of the New School Buildings.

The date of the opening of the New School Buildings by the Prince of Wales, is now fixed for Wednesday afternoon, the 26th of May.

The ceremony will take place at about four o'clock in the afternoon.

There will be a General Court of Governors at which H.R.H. as President of the Hospital will take the chair.

The Governors will then conduct the Prince to a platform at the west end of the colonnade where he will be received by the senior members of the Staff, and be presented with an address of welcome to the School.

The space around the platform will be furnished with seats, so that the reception and presentation of the address may be witnessed by a large number of visitors.

After the presentation of the address, the Prince will proceed to the new School Buildings, and having inspected them will enter the Theatre. Here other guests will have assembled, the gallery being entirely devoted to students. In the Theatre the formal declaration of the opening will take place, and after the termination of the proceedings the Prince will return to the reception platform to take leave of the Governors and Staff.

In honour of the Prince's visit the members of the Staff have decided to wear academic costume, and it is hoped that all old Guy's men and present students who are graduates or undergraduates of one of the universities will do the same.

It has been arranged that after the Prince has left the Hospital, the annual distribution of Medals and Prizes shall take place in the Theatre of the New Buildings. Mrs. Cosmo Bonsor has kindly undertaken the duty of distributing the Prizes and Certificates to the successful candidates.

The quadrangles on either side of the colonnade will be tented over, and refreshments will be served here during the course of the afternoon.

Cards of application for invitations have been posted to all members of the Clubs' Union whose private addresses are given in the Clubs' Union Directory. Present students and other members of the Union whose addresses in the Directory are given as Guy's Hospital, can obtain cards of application from the Hospital Librarian. Although opportunities are thus afforded to all of applying for additional invitation tickets for friends, it should be understood that the space available to the entertainment committee is limited, and it may not be found possible to find accommodation for all the applicants. It may therefore become necessary for the allotment of invitation cards to be decided by ballot. In any case it will be impossible to consider any applications except such as are made upon the proper forms and are forwarded to the Dean on or before May 12th. The cards of admission may be expected on May 20th.

Notes on the spread of the Plague in Bombay.

By SURGEON LIEUTENANT-COLONEL. T. S. WEIR, Municipal Health Officer.

I do not propose to write a paper on bubonic fever, but merely to draw attention to some phenomena of interest that have been observed.

We have had but little experience of the disease, and unless phenomena are repeated, it is impossible to attach importance to them. It will be most interesting to observe whether phenomena we have observed here are repeated or not. It will be well to examine some of the phenomena that preceded the appearance of bubonic fever in Bombay, and secondly, to consider some of the phenomena that accompanied it. The mean annual temperature of the year was 80·7°, the second highest on record in the last fifty-one years. The total fall of rain amounted to 87·6 inches, being 15 inches above the average. But the distribution of the rainfall was abnormal, for, instead of being distributed over four months and instead of being followed by the great atmospheric disturbances which we call Elephantas, the monsoon currents ceased in about two months, and the phenomena which we look forward to as announcing the end of the rainy season did not appear. The rainfall in June was 28 inches, or 8 inches above the average, and in July the rainfall amounted to 36·4, or 11·7 inches over the average. In August the rainfall amounted to 20·8 inches, giving an excess of 7½ inches over the average. The rainfall therefore was abnormal in its duration and in its incidence. It must be remembered that the sanitary effects of the annual rainfall on the public health, as the effect of rain on agriculture, depends on how the rain falls and how it is distributed. The heavy rainfall in 1896, as we remember, flooded with sewage the low-lying portions of the city, through which it rushed in swirling currents, leaving banks of mud behind to ferment; and moreover the sewage, after each heavy downpour, flowed on to the streets, and in the low-lying parts of the city rushed up the traps and flowed on to the low-lying ground. Unfortunately in the beginning of the monsoon a serious obstruction occurred in the outfall channel of the sewage on the Worli foreshore. The obstruction occurred during a great storm, and it was impossible to send men down in the heavy seas to remove the obstruction. Although the monsoon practically ceased in the middle of August, the shady sides of the streets in the crowded portions of the city remained damp for long afterwards. I find a note in the last week of August drawing attention to it. In September only 1·6 inches of rain fell, being 10 inches lower than the average. This is the most abnormal month of an abnormal year yet recorded (even in the famine years of 1876–77 the September rainfall was not less than 4 inches). And an abnormal September was followed by an abnormal October, dry and warm.

In July I was seriously alarmed by an outbreak of foot-and-mouth disease on this side of India, and it suddenly subsided in the city in August.

It will be remembered that during the rains railway communication with the city was interrupted, and that the grain was kept in the wet and was brought into the city damp. In September the godowns in Mandvi were still damp inside, and the woodwork in some of them was mildewed.

As soon as I observed the sudden outbreak of foot-and-mouth disease, I became apprehensive that an epidemic was appearing, and measures commenced to be taken to prepare for great sickness. Special attention was given to the sewers throughout the city and to conservancy measures. The drainage of the district of Mandvi, in which the disease first appeared in an epidemic form, had given cause for great anxiety.

It could not have been anticipated that the monsoon current would stop as it did. Had the monsoon not ceased before the normal period, much of the removal of road detritus from the sewers of Mandvi would have been unnecessary.

Another abnormal phenomenon observed has been the disappearance of mosquitoes in some localities, and the scarcity of them in all localities of the city. At first it was conjectured that the decrease in the number of mosquitoes was due to the deficient rainfall, but as the season advanced this conjecture was observed to be incorrect, for in the middle of February, when the city surface and soil were drier than they had been for years —the water-supply inside many buildings having been cut off, and in consequence less water being used and wasted—the mosquitoes reappeared in large numbers.

We have, therefore, the following abnormal phenomena:

An abnormal season of rainfall that lasted only about half the normal period.

An abnormally high level of the sewage after heavy rain in the arterial sewers of the city.

Wet grain in dark and damp godowns or granaries underneath human dwellings.

And further, a balance of some five million gallons of water a day left in the soil—the difference between the water coming into the city and the

sewage going out—a balance indicating great danger at all times.

Referring to the sudden outbreak of foot-and-mouth disease, it will be interesting to watch whether the outbreak of rinderpest, reported in Calcutta this week, will be followed by an epidemic of Bubonic Fever in that city. When I use the word Bubonic Fever, it is as well to remember that this is a very old translation, although it is a name I have been charged with inventing, of an old name, *viz.*, Lues Inguinifera, the name by which the disease was known in the days of the Roman Empire. The first public notification of the disease was by Dr. Viegas, in the end of September, but the occurrence of the first cases in the upper stories over godowns and on the top floors suggested the view maintained by Dr. Waters that the disease was connected with the grain supply. A number of the rooms in which the first cases occurred in Mandvi faced to the east, namely, to the side of the grain stores. It has to be observed whether this fact, the occurrence of the first cases over or in grain stores, is repeated or not in other places.

The first cases that were reported to me seemed to be, from the description of the symptoms given by the friends, almost like diphtheria. This is interesting, as lately a group of seven cases, of what may be called the diphtheritic type, were brought in from Thana to Bombay, and also a case from Andheri to Bombay. In regard to the period at which the first case in Bombay occurred, the time has not yet come to discuss it till the experiences of the medical men in this city and in the country outside have been examined; but it is not improbable that when the disease has been well recognised and its different types known—for even now, as we know, some cases are most difficult of recognition during life—it will be found that cases of a disease not dissimilar to this have occurred in former periods, not only in Bombay but in parts of the country around. We have to remember that Bombay is in free communication with parts of the world where the disease is endemic; and further that on the Indian frontier a similar type of disease is endemic.

The incidence of the cases in some localities, notably in Kamatipura where in each street for days one or two cases occurred daily, suggested an inoculator being at work. Dr. Choksey, in reference to direct inoculation, writes:—

"From observation on nearly 1,000 cases of plague at the Arthur Road Hospital, it appears that not more than about five per cent. of the cases show any traces of direct inoculation. And even amongst these it is not always possible to fix the exact point of entrance of the virus into the system. No case of plague from rat-bite has hitherto been observed."

Dr. Dallis reported one case of Bubonic Fever following on rat-bite; the patient had been bitten on both great toes and blood oozed. He recovered. Another case of rat-bite occurred at Mandvi about the same time, but the wound proceeded to immediate gangrene and the patient died.

I have only heard of two cases in which there has been a recurrence of the disease; the notes furnished by Dr. Godinho are published on another page.

A very remarkable coincidence occurred in a village on the north-east of the Island, namely, Koli Wadi. Fifty-one deaths occurred; the last death occurred on the 2nd of February. On that day we had disinfected a salt-water ditch, on the sides of which the people used to perform their ablutions, as they used the banks for natural purposes. It is a curious coincidence that after this day, the 2nd of February, on which the stream was disinfected and all foul matter burnt, not another case occurred. Near the Khada, Professor Hankin found a microbe identical in character with the Bubonic Fever organism.

The death of rats is not the first phenomenon. Previous to this there is a migration of the animals, the instinct of safety. A very remarkable instance of this occured at a residence situated in a garden near Bandra Point. Neither in this garden, nor in the house, had rats been seen up to the 21st of January, 1897. About that time large numbers of rats came into the garden. Ten days after, one of the servants in the house, who had not been to Bombay for weeks, died in 12 hours from Bubonic Fever. No other case has occurred in this building.

I submit a number of diagrams. It will be observed that the diagrams showing the total mortality and the mortality from Bubonic Fever indicate a number of repressions in the course of the disease. The repressions in the course of the mortality seem to me to indicate the effect of the measures taken and the intensity of the struggle.

The atmospheric condition that I have observed to produce an increase in the mortality has been a clouded sky with a still atmosphere. A clouded sky, with a strong or even cold wind, does not seem to affect the mortality. A clouded sky with a still atmosphere has always been followed by an increase in the disease.

In the diagram of one district, the Market, with a population of 44,751 and 23·28 houses to an acre, it will be observed that during the week ending 4th August, 1896, the total mortality was 16, that on the 17th October, 1896, the first case occurred, and that during the week ending 2nd March after the district had passed through the epidemic period, the total mortality fell to 18.

The questions of greatest importance with the knowledge we have of the organisms are:—

I.—The prevention of the spread of the disease.

II.—The immunity conferred by an attack.

There appear to be two stages in the development of the disease in a locality—what may be called the inoculative when sporadic cases occur, and the fungoid when the disease becomes epidemic. It will be observed from the diagram of the progress of the disease in the Walkeshwar district that up to a certain stage, although a number of cases had occurred in the locality, the disease did not become epidemic, but when that period—the epidemic period—arrived, the disease became epidemic. It has to be carefully observed whether there

is a connection between the sporadic cases and the epidemic period that appears to always follow them.

Dr. Dimmock, in October, pointed out the tendency of ordinary fevers in the Byculla district to affect the glandular system, although cases of Bubonic Fever had not been seen in this district—up to the 20th October the disease did not become prevalent.

So far as our experience goes it indicates that the measures of the most direct importance are, after the segregation and the treatment of the sick, or of those who are likely to become affected, the lighting and the cleaning of the inside of the buildings. It is marvellous what an effect removal of the sick, even from the inside of a room to the outside, or from one room to another, has on the chances of recovery. In crowded buildings and in buildings in Mandvi in which the disease first appeared we had over 600 people in a building, one family living their life in one room, opening on to one passage in which the grain was ground, and at one end of which—splashed with water, the walls and floors—the clothes were washed.

The extraordinary freedom, almost immunity, that has so far been enjoyed by the halalkhores who clean the privies, and the sweepers who clean the streets and gullies, living in Municipal buildings, is due, I believe to the ventilation of the buildings in which they live. The same classes living in other buildings have suffered as much as the rest of the population.

When the disease is described as a "filth" one, the sense in which the word "filth" is used must be defined. The "filth" condition in the city that has most influenced the disease has been insufficient ventilation of buildings, and hence the measures that had most direct effect on the progress of the disease have been directed to the inside of buildings—ventilation, cleansing, and disinfection, and the measures of house drainage so admirably carried out by Mr. James.

The organism does not seem to be able to virulently develop where there are free currents of air, and hence it passes by or little effects well ventilated buildings.

I have referred to the extraordinary freedom of the halalkhores and scavengers living in municipal chawls, but a similar immunity has been observed in the case of disreputable women living in many portions of the city. Dr. Rogers Pasha and Prof. Bitter who examined the municipal chawls or barracks in Kamatipura with me, and the houses of the disreputable classes in the same localities, agreed that better ventilation and less overcrowding were the conditions in which these buildings differed from the houses around them.

The measures for prevention of the disease that we have found most efficient are the removal of all obstructions to the admission of light and air, and the thorough cleansing and disinfection of the inside of buildings. Of disinfectants, chloride of lime seems to be the most repellent.

Crowded houses, in which goats and sheep are kept, must be flushed down with fluids such as cresol or permanganate of potash before they can be made wholesome and sweet.

In considering the measures for the prevention of the spread of the disease, it has to be remembered that the organism can be communicated to domestic animals, as may be seen from the researches and experiments of Professor Haffkine. This knowledge is most important in estimating the value and effect of the measures adopted for the segregation of human beings. It has to be determined whether the organism exists in nature outside human beings and animals before any final opinion can be arrived at.

(To be continued.)

The Greco-Turkish War.

(From our Special Medical War Correspondent.)

"Eastward Ho!" SS. *Georgios Mikalinos.*

On Tuesday last, April 26th, I received a card from the Greek Legation, in answer to a call I had made the day before, offering to go out as a medical volunteer to the war. The following, though not quite a fac-simile as regards orthography, is at any rate true "in substance and in fact," which after all is the most important point:—

> To present M. H. Stanley Turner, who like to go to Athens.—A. A.
>
> A. AVAROFF,
> Attaché à la Legation de S. M. le Roi des Hellénes.
> Greek Legation.

This I had to take to a shipping firm in Great St. Helen's, Bishopsgate, where, to cut a long story short, I received a passage to Piræus, which is "removed from Athens about one hour" (as we used to say at school). The only awkward part about it was, that I had to sail from Newport, Mon.; but since beggars cannot be choosers, to Newport I went by the 9.15 p.m. from Paddington, arriving thither by 2.20 a.m. on Thursday morning. Thus far I think we may say it was "Westward Ho!"

I immediately made my way to the Alexandra Docks, where my boat, the *Georgios Mikalinos*, was lying, and found the crew engaged in the necessary, if not particularly clean and aseptic, operation of "bunkering."

Scrambling up a ladder of rather frail proportions, I eventually reached the deck, being saturated and nearly blinded by coal-dust, and almost in the last stages of asphyxia.

I now observed that we were carrying a cargo of coal in all the holds, and almost simultaneously came in contact with one of the seamen (for such I afterwards discovered him to be), who commenced jabbering in Greek, and who, had his face not been wreathed in

angelic smiles, I should have thought was consigning me to the deepest corner of the hold.

Peculiarly enough, when he did speak English (which, by the way, was horribly comminuted) it was, with great pride, to explain that the entire ship, from captain to cabin-boy, was manned by one family. That is to say, that the above-seaman and the captain were brothers, and jointly enjoyed uncleship to the whole crew, which was made up of batches of brothers — the sons of brothers of the two aforementioned worthies. The exceptions to this rule are Mr. Warren, an Englishman, chief engineer,—who with sorrow I heard is leaving to-day, because on her return the ship will most probably be transformed into an armed cruiser—and the third engineer, the son of a commander in the Greek Navy. We are to sail to-night (Friday). I have already begun medical work in being summoned to a man with a fractured thigh on board a neighbouring ship.

I am afraid there is nothing more left for me to say at present, except to state that during my stay in Greece I shall endeavour to give short accounts of *all* interesting cases coming under my notice, especially as regards tetanus; afterwards I shall attempt to give brief outlines:—

(*a*) Greek hospital management.
(*b*) Greek medical education.

I can as yet give no definite date as to my next communication, everything depending on the postal service and the date of the *Georgios Mikalinos's* arrival at Piræus.

April 30th.

(From our Special Nursing Correspondent, by kind permission of the Matron.)

I am writing in the train so as to be able to post immediately upon arrival at Athens. I know you will be glad to hear we have got so far safely on our journey.

Our time passed very quickly on the Indian mail till we arrived at Brindisi on Sunday evening. We had been able to sleep fairly well in the train, so were not much tired. As we had some hours to wait at Brindisi we filled up the time by having dinner at the Grand Hotel, and then, accompanied by one of Cook's men, went over a P. & O. SS. bound for Bombay, and watched it depart. Afterwards we thought we could not do better than attend the service at the little English church, where the quaintly-made chairs, loosely-woven rush kneeling-mats, and a noisy clamour in many languages outside all the time, gave a curiously foreign aspect to what was otherwise so familiar.

Soon after we went on board the "Gariddi," where we found comfortable berths, and presently went to bed. We had a very pleasant voyage to Patras, and as it was quite calm neither of us were sea-sick. We finished the necessary buttonholes to our aprons while on board, and succeeded in keeping one another in the best of spirits. The nearer we have come to Greece the more absorbing and general has been the topic of the war. Indeed, nothing else is discussed by everyone. While we were lying for some hours off Corfu the excitement reached fever pitch. Constant boatloads of volunteers from the island came on to our boat, accompanied by crowds of shouting, gesticulating friends. Bands played, flags were flying, cannon were let off. The cheering was deafening, and as for the different languages, I think there could hardly have been more to the front at the Tower of Babel itself! A great many English volunteers also came on board, an excited noisy crew, all very enthusiastic, but quite good-humoured and harmless. We, ourselves, with our red crosses, were great objects of interest, and many were the questions we were asked, and the good wishes we received for success and a safe return. At length things subsided a bit, and we started once more, landing at Patras in small boats this morning about seven. Here, the ever present, indefatigable Cook's men looked after us in every way, and saw us safely into the train, where we are steaming away again through scenery indescribably beautiful and the brightest of sunshine.

Vast crowds came to watch the train off and to cheer the volunteers. When we reach Athens they are to be drafted off to different regiments, and then, poor fellows, they will begin to realize what it is they have come to. So, doubtless, shall we!

Nurse Davidson's French is invaluable to us, and I am thankful for every word of the language that I know. For the rest, I must try and make my eyes serve when my ears fail me, and trust to coming in contact with an English-speaking surgeon. There is one coming on by this train from Corfu, and Captain Perry has telegraphed to England for two to be sent out. That would be a great help. It is very difficult to get any reliable news of the war, and we so miss the English newspapers. One says one thing and one another; but all seem to unite in considering the aspect of things very grave. Once we get to Athens we shall probably have very little time for writing, and we hope all our friends will be as little anxious as possible about us.

Guy's Hospital Choral Society.

A very delightful innovation was introduced to the hospital on the evening of Thursday last, in the form of a concert given in the Court Room by the Nurses' Choral Society, which was founded last year. The room was well filled, and the chorus made an imposing array in three tiers of steps, under the favouring shadow of Mr. Treasurer Harrison's picture, while a few standard lamps and palms, lent for the occasion by various kindly persons, made a very effective decoration.

The performance itself was deserving of high praise. The chorus had evidently taken great trouble to avail themselves of the excellent conductorship, which they were fortunate enough to secure, and in the second part, with the addition of a few tenors and bases, one or two of the part-songs were exceptionally well sung. Especially would we notice two old favourites by Rubinstein

in the first, and the pieces by Mendelssohn and the late Dr. Garrett in the second part. The selection of the programme showed a pleasing appreciation of good music of the lighter class. The violin and vocal solos were heartily received, and the programme closed at 10 o'clock with "God Save the Queen."

Before the last part song the conductor, in a pleasant little speech, alluded to the great debt of gratitude that the society owed to Mrs. Shaw, and on their behalf he presented to her a handsome bouquet presented by the grateful patient who owns "the Flower Box." We have also to thank the nursing and hospital authorities for assisting in the arrangement of a performance which has given the very greatest pleasure to those who were able to be present, whether as performers or as audience, and, finally, we would ask the committee and chorus, inasmuch as they have given us so delightful a concert this year, to do their best to rival their success next year.

The following was the programme :—

PART I.

Duet	"Glorious Sunlight"	*Vincent.*
	NURSES' CHOIR.	
Song	"Invocation"	*Chaminade.*
	Mr. JACKSON.	
Trio	"The Reaper"	*Pinsuti.*
	NURSES' CHOIR.	
Duets	*a.* "Wanderers' Night Song" / *b.* "The Angel"	*Rubenstein.*
	NURSES' CHOIR.	
Violin Solo	"Romance"	*Svendsen.*
	Miss LILIAN SPALDING.	
Trio	"Orpheus"	*German.*
	NURSES' CHOIR.	
Song	"I Love Thee"	
	Mr. THOMAS.	
Duets	*a.* "Cleansing Fires" / *b.* "Violets"	*Cowen.*
	NURSES' CHOIR.	
Trio	"Spring Time"	*Ernest Ford.*
	NURSES' CHOIR.	

PART II.

Four-part Songs	*a.* "Gather ye Rosebuds"	*Barnby.*
	b. "In a Wood"	*Mendelssohn.*
Song	"Mid the Hush of the Corn"	*Gordon Temple.*
	Sister JOB.	
Part Songs	*a.* "Forget-me-not"	*Hatton.*
	b. "Romance"	*Mendelssohn.*
Violin Solo	"Mazurka"	*Wieniawski.*
	Miss LILIAN SPALDING.	
Song	"To Blossoms"	*M. Valerie White.*
	Sister ACCIDENT.	
Part Song	"Good Night"	*Garrett.*

"GOD SAVE THE QUEEN."

Burnt Cork at Blackheath.

A MOST excellent performance for the benefit of this Hospital was given at the Concert Hall, Blackheath, on Thursday, the 29th. The presence in the troupe of over twenty ladies added greatly to the effectiveness of the chorus-singing, and made a welcome change to the stereotyped nigger show.

The performance started with "God Save the Queen," in which the audience were invited to join; we did not notice that the Blackheathers did so to any appreciable extent. After this we got to business, and the first part went without a hitch. Of the ladies Miss Hannam was most successful with "From the Land of Dreams," singing in excellent style and with much sympathy. The chorus songs were all excellent, the most appreciated, perhaps, being "Way down de Ohio," sung by Mr. G. A. Calder. The comic songs went well, especially "I couldn't help but laugh," which in the hands of our old friend Mr. A. Hay, shook two encores out of a most appreciative audience. A word must also be said for the neatness and finish with which Mr. Valerie got off his "wheeze" about the "Good Horse, but Thin." The chorus-singing was admirable and the orchestra good, though a trifle exuberant.

We were busy during the beginning of the second part seeing that the cornermen lacked not refreshment. We emerged in time to see "Hamlet," with Messrs. Miller and Hay in their original parts, and Mr. Collins as the manager. This went well as usual, but we should like to protest against the way in which the actors tampered with the text. The house was full and most enthusiastic, and the whole evening most enjoyable.

British Medical Association.

GRANTS FOR SCIENTIFIC RESEARCH.

The Council of the British Medical Association desire to remind members of the profession engaged in researches for the advancement of medicine and the allied sciences that they are prepared to receive applications for grants in aid of such research. Applications for sums to be granted at the next annual meeting must be made on or before June 15th in writing addressed to the General Secretary, at the office of the Association, 429, Strand, W.C. Applications must include details of the precise character and objects of the research which is proposed.

Reports of work done by the assistance of Association grants belong to the Association.

Instruments purchased by means of grants must be returned to the General Secretary on the conclusion of the research in furtherance of which the grant was made.

FRANCIS FOWKE, General Secretary.

429, Strand, London, April 21st, 1897.

GUY'S TRAINED NURSES' INSTITUTION.—Nurses Collins and Prichard, of Guy's Institution, successfully passed the L.O.S. examination in April.

Selections from Hippocrates.

—V.

On Head-injuries.—Men's heads are by no means all like to one another, nor are the sutures of the heads of all men constructed in the same form. The whole bone of the head, except a small part of the highest and lowest portions of it, is like a sponge, and the bone has in it many juicy substances, like caruncles*; and if one rub them with the fingers, blood will issue from them. The diplöe is the most porous, softest and most cavernous part. There are also in the bone certain very slender and hollow vessels full of blood. Thus, then, with regard to hardness, softness and porosity.

The thinnest and weakest part of the whole head is at the bregma. . . . . Many of these fractures require trepanning, but you must not apply the trepan to the sutures themselves, but on the adjoining bone. . . . . When cleaned the wound should be dried, for thus the wound will become whole most speedily, and there will be no fungous flesh in the sore. The same thing applies to the membrane surrounding the brain, for when laid bare by sawing and removing bone, you must make it clean and dry as quickly as possible, lest being in a moist state for a considerable time, it become soaked therewith and swollen, for when these things occur there is a danger of it mortifying. S.

[These selections have been taken more or less literally from the translation by Francis Adams, published by the Sydenham Society in 1849.]

* Pacchionian bodies?

Pass List.

University of Cambridge, April, 1897.

EXAMINATION IN SANITARY SCIENCE.—G. T. Cattell, G. G. Genge, B. B. Ham.

(From *The Times*, Wednesday, May 5th.)

THIRD EXAMINATION FOR MEDICAL AND SURGICAL DEGREES.

PART I.—(SURGERY AND MIDWIFERY.—C. Jephcott, B.A., Gonville and Caius; W. J. Lindsay, B.A., Sidney, Sussex; R. Mathias, M.A., Christ's; P. R. Lowe, B.A.

PART II.—C. C. Stead, B.A.; R. E. Delbruck, B.A.; A. E. Porter.

University of Durham, April, 1897.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE.

(Old regulations).

CHEMISTRY WITH CHEMICAL PHYSICS.—R. Tilbury Brown, G. Burton Brown, T. J. A. Tulk-Hart.

(New regulations).

ELEMENTARY BIOLOGY.—O. C. H. L. Moll.

Final Conjoint Examination, April, 1897.

MEDICINE, SURGERY AND MIDWIFERY.—*J. C. Williams.

MEDICINE AND SURGERY.—*C. P. Weekes.

MEDICINE AND MIDWIFERY.—C. R. Hodgson, *M. E. A. Wallis.

SURGERY AND MIDWIFERY.—A. R. Adams, *A. B. Carter, A. J. Cleveland, R. Kay.

MEDICINE.—H. Cardin, *H. E. Cock, B. B. Gough, N. Y. Lower, *C. E. Michael, *P. C. Prince, *A. E. Porter, *H. Fulham-Turner.

SURGERY.—*E. F. Clowes, *P. A. Dykes, A. T. Falwasser, R. T. Fitz-Hugh, J. O. Garland, H. Leader, S. Rivers, H. J. Starling, *M. E. Tresidder, P. Turner.

MIDWIFERY.—F. S. Batchelor, C. L. G. Chapman, P. J. Curtis, J. E. Dupigny, *C. R. Evans, E. D. Hancock, M. C. Hayward, P. C. Higgins, A. Kinsey-Morgan, G. N. Mottram, W. Mussellwhite, A. W. Nourse, B. P. O'Neill, *A. M. Rygate, W. H. M. Smith, *R. B. Stamford, C. C. Worts.

* Denotes completion of examination.

From the Gazette's Special Pathologist.

ALL specimens—particularly those of solid tissues—should be accompanied, if possible, by a short clinical and post-mortem history, and a postal order for 2s. 6d. An extra charge of 6d. per slide is made when prepared sections are to be forwarded.

Directions to be followed in sending *Diphtheritic Membrane*:—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

All specimens to be addressed to the GAZETTE PATHOLOGIST, Medical Office.

Diphtheria specimens are to be labelled *Immediate*.

Postal Orders to be made payable to Mr. C. H. WELLS.

NOTICES.

H. A., WELSHPOOL.—No tubercle bacilli could be found in the sputum.

T. E. D. H., REIGATE.—Spermatozoa were found in abundance in the stains on the garment.

M., SWAFFHAM.—We are afraid we cannot help you unless you indicate the nature of the specimen and the examination you require.

E. R. M., HASTINGS (May 1st).—No tubercle bacilli could be found in the sputum.

E. R. M., HASTINGS (May 5th).—No tubercle bacilli could be found in the sputum.

PATHOLOGIST.

Nurse Keogh Testimonial Fund.

MAY, 1897.

Statement of Receipts and Expenditure.

RECEIPTS.	£	s.	d.
Previously acknowledged in the GAZETTE ...	108	6	6
Amounts received, but not previously acknowledged in the GAZETTE	1	0	6
	£109	7	0

EXPENDITURE.	£	s.	d.	£	s.	d.
By Amounts paid to Nurse Keogh :—						
For first quarter ...	5	4	0			
Special remittance ...	2	0	0			
„ Amount handed to House Committee	92	16	0			
				100	0	0
„ Expenses				3	10	0
„ Balance in hand reserved for photograph and expenses, etc.				5	17	0
				£109	7	0

CECIL E. CARPMAEL,
Secretary to the above Fund.
May 6th, 1897.

I hereby certify that I have examined the foregoing account, with the receipt books and vouchers, and find it correct.

S. H. CROUCHER,
Clerk to the Dean,
Guy's Hospital Medical School.
May 6th, 1897.

Review.

Anatomy for Art Students. By Arthur Thomson, M.A., M.B. Oxford, Clarendon Press, 1896.

This book is illustrated by a beautiful series of photographs of exquisite models—models of whom one at least will be recognised by everybody as perhaps the most perfect athlete now living. Opposite each photograph is a key showing the same figure stripped of his skin and fasciæ.

Now, let an anatomist—one of our London honours' men—study one of these photographs (plates vii. and xxii. are very good, but so are all the others), and then try and draw on a bit of paper the superficial muscles and fasciæ of the same figure ; next, let him look at the key provided for him by Professor Thomson ; and finally, let him ponder on this theorem, that the things he does not know about anatomy would make an elegant book—say of about 400 pages 4to—in fact, just such a book as Professor Thomson has written. Observe, of course, you London honours man, that when I say anatomy I don't mean book-knowledge of formulæ, but eye-knowledge of the human body. This distinction is important.

But if, now, you admit this demonstration, open the book again, and you will find it divided into chapters, each complete in itself, describing a part of the body —first bones, then muscles, then surface forms—but each incomplete insomuch as the steady enthusiasm of the writer tempts you on from one chapter to the next. You will find, too, a sound, manly English, almost free from the slackness in grammar and entirely free from the monstrous pomposity of locution which is too characteristic of lecturers in medical schools.

If you are sharp you may find some slips, or even faults—one or two have been pointed out to me—but it is not for a student to demonstrate to a professor. Only we would suggest to Professor Thomson that in his next edition he might write the last two chapters more fully. The muscles of expression—one of the most interesting if also most difficult topics in the subject—get only half a chapter. Childhood and old age get only a paragraph apiece. Perhaps the professor was getting tired, or perhaps the reviewer was.

Sport.

"Hos-Scho." (Guy's Hospital) Cricket Club.

SEASON 1897.

PRESIDENT :—H. Cosmo O. Bonsor, Esq., M.P.

VICE-PRESIDENTS :—E. C. Perry, Esq., M.D., L. E. Shaw, Esq., M.D.

CAPTAIN :—E. J. Lyons.

VICE-CAPTAIN :—J. A. Reaside.

COMMITTEE :—F. H. Beckwith, A. Bell, E. A. Toms.

HON. TREASURER :—S. H. Croucher.

HON. SECRETARY :—W. C. Hancock, Medical School, Guy's Hospital, S.E.

The following is a list of matches for the coming season :—

Date.	Opponents.	Ground.
May 1	Trial Game	Ivy.
8	Melville	South Ealing.
15	Guy's Hospital II. ...	Honor Oak.
22	Grosvenor United ...	Ivy.
29	Corpus Christi Mission ...	Ivy.
June 5	Strand House	
7	Hospital and School (all day match) ...	Ivy.
12	Marlboro'	Ivy.
19	Alexandra Hall	Penge.
26	Dulwich Melbourne ...	Ivy.
July 3	Guy's Hospital II. ...	Honor Oak
10	Grosvenor United ...	Ivy.
17	Dulwich Melbourne ...	Dulwich Park.
24	Caterham Star	Ivy.
31	Corpus Christi Mission ...	Lindon Field.
Aug. 7	Strand House	Ivy.
14	Caterham Star	Caterham Valley.
21	Melville	Ivy.
28	Marlboro'	Honor Oak Fields.
Sept. 4	Allhallows	Ivy.
11	Allhallows	Crofton Park.
18	Alexandra Hall	Ivy.

Guy's Hospital Swimming Club.

Headquarters:—St. Saviour's Baths, Southwark Street.

Time of Meeting:—Thursday, at 3.45 p.m.

President:—A. D. Fripp, Esq., M.S.

Vice-Presidents:—L. A. Dunn, Esq., M.S., J. Fawcett, Esq., M.D.

Captains:—(1st team) A. St. J. Styer, (2nd team) E. F. Hardenberg.

Vice-Captain:—G. Marshall.

Hon. Secretary and Treasurer:—C. B. Sells.

Committee:—G. Marshall, G. D. Slater, J. L. Payne, H. J. Barker, H. D. Traill, G. Evans.

Inter-Hospitals Water Polo Cup.

1892.	St. Bart's.	1894.	St. Thomas's
1893.	St. Bart's.	1895.	Guy's.

1896. Guy's.

WATER-POLO FIXTURES.

First Team.

Date.	Opponents.	Baths.
May 12	Grafton S.C.	Southwark.
	Nautilus S.C.	Southwark.
31	Linden S.C.	Southwark.
June 7	Cambridge University S.C. ...	Cambridge.
	Grafton S.C.	Dulwich.
11	Ealing S.C.	Ealing.
14	Otter S.C.	Southwark.
18	Cambridge University S.C. ...	Southwark.
23	Oxford University S.C. ...	Oxford.
30	Linden S.C.	Southwark.
July 7	Richmond S.C.	Southwark.
	Nautilus S.C.	
13	Otter S.C.	St. George's.
23	Richmond S.C.	Richmond.
27	Ealing S.C.	Southwark.

Second Team.

May 12	Grafton S.C. II.	Southwark.
27	Anchor S.C.	S. Norwood.
31	Linden S.C.	Southwark.
June 30	Linden S.C.	Southwark.
	Grafton S.C.	Dulwich.
	Minerva S.C.	
July 6	Anchor S.C.	Southwark.
	Minerva S.C.	

Key to Case for Diagnosis on page 220.

An operation having been decided on, Mr. Lane, on Saturday last, made a median incision five inches in length, slightly to the right of the umbilicus, which was about half-way along the incision. On opening the peritoneal cavity distended coils of small intestine protruded. These were followed up nearly to the ileo-cæcal region; a small fibrous band, one and a half inches long by half an inch broad was found obstructing, but not strangulating, a coil of small intestine about six to twelve inches above the ileo-cæcal valve. This was ligatured and divided, the gut returned, and the wound closed. Patient has since made steady progress and is very comfortable.

Appointments.

CIVIL.

Adams, E. L., M.B., B.S. Lond., L.R.C.P., M.R.C.S., has been appointed a Medical Officer for the Croydon General Hospital.

Crouch, E. T., M.R.C.S., has been re-appointed an Honorary Surgeon to the Gosport Hospital.

De'Ath, G. H., L.R.C.P., M.R.C.S. Eng., has been re-appointed Medical Officer of Health to the Buckingham Town Council.

Floyd, Stephen G., M.D. Lond., L.R.C.P., M.R.C.S. Eng., has been appointed Medical Officer of Health to the Landrindod Wells Urban District Council.

Roberts, E. C., M.R.C.S., has been re-appointed Medical Officer of Health for the Southgate District of the Edmonton Union.

Roberts, S. J., L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer and Public Vaccinator for the Nechells and Saltby Sanitary District.

Tebbitt, Ernest R., L.D.S., has been appointed Honorary Dental Surgeon to the Middlesex Hospital Convalescent Home at Clacton-on-Sea.

NAVAL.

Deputy Inspector-General Thomas H. Knott is appointed P.M.O. of Royal Naval Hospital, Chatham.

Birth.

CLOWES.—On May 1st, at Coggeshall, Essex, the wife of William F. A. Clowes, M.R.C.S., L.R.C.P. Lond., of a son.

Marriages.

GROVE—STEVENSON.—On the 27th April, at St. John's, Brixton, by the Rev. R. Abbay, rector of Earl Soham, assisted by the Rev. C. J. R. Cooke, the Rev. A. G. Bowman, and the Rev. C. H. B. Williamson, vicar, William Reginald Grove, M.B., B.C. Cantab., of St. Ives, Hunts, to Clara Hilda, second daughter of Thomas Stevenson, M.D., F.R.C.P., of Sandhurst Lodge Gresham Road, S.W.

LUCAS—BENNETT.—On April 24th, at St. Giles's, Camberwell, Claude Robinson Lucas, M.R.C.S., L.R.C.P. Lond., Broadway House, Tooting, to Marion Ada, fourth daughter of the late Edwin Bennett, M.R.C.S., of Worksop, Notts.

OSBORN—PARSONS.—At St. Bartholomew's Church, Dover, on the 28th April, by the Rev. E. G. L. Mowbray, vicar, and by the Rev. G. James, vicar of St. Michael's, Gloucester, Francis Arthur Osborn, M.R.C.S., L.R.C.P., son of Ashley G. Osborn, M.R.C.S., Dover, to Hilda Venetia, eldest daughter of Charles Parsons, M.D., Treasurer of British Medical Association, and Venetia Digby Parsons, 7, Waterloo Crescent, Dover.

ROUW—D'ALMAINE.—On April 14th, at the Parish Church, Sutton Courtney, R. Wynne Rouw, M.R.C.S., L.R.C.P., L.D.S., of Wimpole Street, W., to Beatrice Mary, youngest daughter of H. D'Almaine, of Sutton Courtney, Berks.

Ed.—F. E. F.

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Calendar of Coming Events.

May.

Sat. 22.—Mr. Lucas's take-in; Ds. R. Balderston and V. J. Crawford; Cl. J. O. Garland.
G. H. C. C.—II. Granville II., Lee, away.
Hos.-Sch. C. C. Grosvenor United, home.
G. H. L. T. C... Barnes, home.
G. H. B. C. ... Run to Sevenoaks.

Mon. 24.—Final Fellowship Examination.

Wed. 26.—**Opening of New Medical School Buildings at 4 p.m. by H.R.H. The Prince of Wales.**
Mr. Golding-Bird's take-in; Ds. H. M. Berncastle and E. G. Goddard; Cl. R. W. Mayston.

May.

Wed. 26.—G. H. C. C.—I. Dunstable Grammar School, Dunstable.

Thur. 27.—Ascension Day.—Services in Chapel, 7 and 8.40 a.m., and 8 p.m.
G. H. S. C.—II. Anchor S. C., South Norwood.

Fri. 28.—1.30, Clinical Lecture by Mr. Symonds.

Sat. 29.—G. H. C. C.—I. Streatham, at Streatham.
II. Itinerants, home.
Hos.-Sch. C. C. Corpus Christi Mission, Ivy.
G. H. L. T. C... Harold, away.
G. H. B. C. ... Box Hill, Greyhound, Streatham.

Mon. 31.—G. H. S. C.—II. Lindon S.C., Southwark Baths

June.

Tues. 1.—July appointment list opened.
12 noon, Mr. Rowell's Demonstration on Anæsthetics.

Wed. 2.—Mr. Howse's take-in; Ds. A. C. Ambrose and J. H. Jones; Cl. J. N. Gardiner.
Clinical Lecture by Dr. Perry.
G. H. L. T. C... Albemarle, home.
Examinations for Treasurer's Gold Medals and Wooldridge Memorial Prize in Physiology begins.

Fri. 4.—1.30, Clinical Lecture by Mr. Jacobson.
Last day for names to be sent in to Registrar for 1st and 2nd M.B. Camb. Examination.

Sat. 5.—G. H. C. C.—I. Brentford, home.
II. City of London School, Beckenham Hill.
Hos.-Sch. C. C. Strand House.
G. H. B. C. ... Godstone, Brixton Church.
G. H. L. T. C... Brixton Wanderers, II., away
Last day for applying for Dental House Surgeon, Assistant Dental House-Surgeon, and other appointments, from July to Dec. 31st., 1897.

Guy's Hospital Gazette,

MAY 22, 1897.

Case of Persistent and Grave Diarrhœa.

CLINICAL LECTURE BY DR. SHAW.

GENTLEMEN,—We will to-day consider the case of a male, aged 31, who was admitted into Clinical on March 3rd, for Grave and Persistent Diarrhœa. During the progress of the case our prognosis has been from time to time altered, though even now we have fears of a fatal issue at no very distant date. Diarrhœa, as a complication of some other disease, is a frequent cause of death. As an acute disease, *per se*, it has a marked influence on the composition of mortality statistics; as a chronic disease it is not commonly fatal.

Before proceeding to enumerate the conditions which produce chronic diarrhœa, let me ask, What is diarrhœa? There is danger in definitions, but perhaps the following may answer:—

Diarrhœa is the passage of an increased quantity of fæces at frequent intervals in an unduly liquid condition. There are three essential features to notice about this definition, namely—

I. Increased frequency,
II. Increased quantity,
III. And liquidity of the fæces.

The absence of any one of the above conditions may make the diagnosis of diarrhœa a matter of some difficulty. As a case in point, a patient with cancer of the rectum will tell you that he suffers from diarrhœa, whereas, on closer examination, you will find that the case is one of intestinal obstruction rather than diarrhœa, the discharge being chiefly mucus streaked with blood. Again, a patient's motions may be unduly liquid at the same time that he has loss of control over his sphincters. Such a case was recently in Clinical. An old man was operated on twenty years ago for fistula. He assured us that he had had diarrhœa ever since his operation, while, as a matter of fact, his complaint was a difficulty in controlling his sphincters.

He described to us one afternoon vividly the calamity which had once befallen him while he was singing the "Death of Nelson" at a public dinner. In his case the QUANTITY of fæces was NOT INCREASED. In a similar way some people complain of a dribbling of urine, and take various medicines in the hope of strengthening their bladders, while the real requirement of the case is a catheter, their bladders being probably up to the umbilicus.

There are three factors to be considered in the causation of diarrhœa:—

I. Undue peristalsis.
II. Undue secretion of fluid into the intestine.
III. Inefficient power of absorption.

It is not always easy to determine which are the important factors in particular cases, and when this is discovered, there is considerable difference in the successful treatment of the diarrhœa so produced. If due to undue peristalsis, opium will control it. Undue secretion is restrained by astringents. When absorption is at fault, we are often at our wits' end to stop the diarrhœa. It seems probable that in our case in Clinical this third factor is at work.

In fact, most cases of chronic intractable diarrhœa fall into the third class. The first two are really conservative processes, due to the patient having some irritant in his intestine which he would like to be rid of but cannot, so that the diarrhœa is a symptom which is good for the patient, and is best left alone, as one of nature's remedies.

We will now consider each of the three above elements a little more in detail.

I. *Increased peristalsis.*—An attempt to make the irritant pass along.

We are all familiar with the abdominal sensation which visits the candidate about to present himself before examiners, or the lecturer coming before a severely critical audience. This, of course, is *central,* and not due to a local irritant in the intestine. Perhaps it may be a surviving instinct, the impulse to crouch and so escape from the view of one's enemy.

How often do you hear mothers say of their children, "Everything they eat runs through them!" The correct explanation is, of course, that the food acts as an irritant to the nerves of the stomach and *reflexly* sets up peristalsis lower down. There may be a suspicion in some such cases of tuberculous enteritis, and when the diarrhœa persists in spite of treatment, the suspicion is strengthened. One might suggest that diarrhœa of this kind is due frequently to indigestion, an atrophied condition of the mucous membrane. Diarrhœa is of central origin, again, in elderly women who are in a state of nervous irritation caused by worry about cooks; it is usually about cooks.

As caused by fear, diarrhœa could never be persistent. If you go up frequently for an examination, as some of you do, the sensation which I allude to wears off in time.

With regard to the peristaltic form of chronic diarrhœa, though lasting months or years, it is rarely grave in itself.

II. *Increased secretion.*—Diarrhœa from this cause is nearly always the result of an irritant, although one can often find inflammatory conditions of the intestine without any history of an irritant. These catarrhal conditions are either rapidly fatal, or else the prognosis is good, but in certain cases the mucous membrane may be ultimately so damaged as to cause later a condition of deficient absorption.

III. *Defective absorption* is illustrated by the various forms of tropical diarrhœa, and will lead to chronic diarrhœa under two main conditions. It is chiefly in the colon that lack of absorption causes diarrhœa, and we may consider that it is brought about, either by some inaptitude of the material entering the colon, or by an inability of the colon itself to absorb. In the form of tropical diarrhœa known as psilosis, or sprue, the fault is said to be with the fluid, which gets past the ileo-cæcal valve. In other forms the absorptive power of the colon is at fault. In old Anglo-Indians, you will in private practice frequently have to treat chronic diarrhœa, due either to sprue or to healed dysentery.

Perhaps I had better tell you something about sprue. The name is derived from the Dutch language—it is also Scotch. Dr. Thin, in a paper in the Medico-Chirurgical Transactions, suggests the name of psilosis, owing to the baldness of the tongue, and a similar condition of the ileum in a case which he had the opportunity of seeing post-mortem. Perhaps the most rational name of all is the oldest, "white flux," given because the motions are not infrequently colourless, a condition which would make one think of obstruction of the bile-duct or pancreatic-duct, but is certainly not due to either, in this particular disease.

At several autopsies on supposed cases of sprue, an atrophied condition of the intestine has been noted. The fæces in this disease have been noticed to have an acid reaction.

Patients who, with a definite history of dysentery, suffer from persistent diarrhœa

generally have their colons damaged to such an extent that the mucous membrane is incapable of absorbing in a normal manner.

Patients who have never been out of England, and whose trouble is due to a present condition of colitic ulceration, are best treated by milk and bismuth. If this treatment prove unavailing, at the post-mortem you will find ulceration of the colon, but no special appearances by which you can distinguish this so-called idiopathic ulcerative colitis from the specific cases, those associated with Bright's disease, pyæmia, and true dysentery. You may find any or all of the following appearances :—

i. Very little in the way of ulceration, only a few small scattered ulcers, shallow and circular, which may possibly be commencing ulceration of the solitary follicles.

ii. Cases in which the mucous membrane of the intestine is the least part about it.

iii. Cases in which the little unaffected mucous membrane becomes hypertrophied, and a condition resembling polypi results.

iv. Cases associated with perforation of the intestine and peritonitis.

At present it is decidedly open to question whether this "idiopathic" colitis is really idiopathic, as in our use of the term "simple," we apply the qualification "idiopathic" to anything we but dimly understand. As to its pathology, the morbid anatomy being the same, the question arises, Is it true dysentery? The descriptions of recorded cases differ, and one does not see in England the same symptoms as those which characterise tropical dysentery. Even leaving out the personal equation and the capacity for observation of individual physicians, man does not exist in England under the same conditions as in the tropics.

In a number of cases there is often some preceding affection of the anus, leading to an ascending colitis. There is a specimen of ulcerative colitis in the Museum from a case of suprapubic cystotomy in which the rectum was distended to facilitate the surgeon's manipulations. The operation was followed by persistent diarrhœa and death six weeks later. A similar result has occasionally followed operations for the extirpation of piles.

There are, again, cases of healed phthisis, complicated by a very diffuse ulceration of the colon, which, at the time of death, present none of the special characters of tuberculous lesions.

Such cases are open to the interpretation that tuberculous ulceration has been the starting point of the extensive and rapid destruction of mucous membrane characterising so-called ulcerative colitis.

The symptoms of chronic colitic ulceration are :—

i. Hæmorrhage, which caused the patient whose case we are now considering to seek admission.

ii. Mucus with the fæces.

iii. Wasting. Our patient is wasted and anæmic.

iv. Fever, constantly between 102° and 103°, due to the absorption of septic material.

v. Severe abdominal pain, limited, in the case before us, to the region of the sigmoid.

Of late our patient complained rather suddenly of epigastric pain, and auscultation revealed a splenic rub. This gave rise to considerable anxiety lest perforation had taken place in the base of one of the ulcers, a condition which would probably lead to fatal peritonitis. The fact that his general condition hardly suggested so grave an accident did not carry much weight. For if you look for the classical symptoms of perforation in a patient who is already very ill, you are extremely liable to overlook the perforation. The pain over our patient's spleen has now diminished, and it is a question whether it was due to inflammation spreading by extension from the colon, no actual extravasation of fæces having taken place.

Treatment.

Diet.—If you think the diarrhœa to be due to failure of absorption, you must arrange your patient's feeding so that the matter passed through the ileo-cæcal valve is small in quantity. The ideal food, if your patient can take it, is peptonised milk, and after that arrowroot, and after that—your success depends on your hard-heartedness.

There is at the present time in Philip ward a case of ulceration of the colon in a man who is an authority on his own treatment, and who announced when admitted that he must not be given milk, because it invariably increased the diarrhœa. His statement seemed to be true, but such cases are exceptional.

Medicines.—The best are those which will allow the ulcerated colon to do little, therefore astringents. The fashionable drug is ipecacuanha; it is of undoubted service in true Indian dysentery, does good in some cases of chronic diarrhœa, and is absolutely useless in others. Probably the best mode of administering it is in the form of Dover's powder.

The patient should be put in a bed with plenty of sunlight and fresh air.

Is it advisable to treat by local injections? In cases such as our present one, I confess I think the risk of perforating the bowel is too great. If you picture to yourselves the patient's colon as resembling these Museum specimens which I have brought for your inspection, you will, I think, share my fears. But in less severe cases injections of silver nitrate solution, or other astringents, are justifiable. They certainly seem to have a good influence on some cases.

If colotomy were proposed, it would seem reasonable to forestall the septic absorption by preventing fæces from entering the colon at all. But as the colotomy wound would have to be kept open for months—and even then the prospect of cure in any but a few selected cases is far from certain—the question must receive most serious consideration and no operation undertaken lightly.

Hospital News.

CLASSIFIED LIST OF CASES.

In the Medical Wards.

Circulatory System.

MARY 7. Mitral stenosis and regurgitation. Aortic regurgitation.
11. Ulcerative endocarditis. Pulmonary regurgitation. Treatment with anti-streptococcin. Improvement.
12. Mitral regurgitation. Chronic nephritis.

PHILIP 14. Aortic and mitral regurgitation.
24, 25. Mitral regurgitation.

STEPHEN 1. Aortic aneurysm.
17. Aortic stenosis and regurgitation.
27. Anæmia. Retinal hæmorrhages.
32. Aortic stenosis and regurgitation. Mitral regurgitation.
34. Aortic regurgitation.

Nervous System.

MARY 3. Peripheral neuritis.
5. Cerebro-spinal meningitis. Recovery.
17. Hysteria.
30, 31, 43. Chorea.
35. Sciatica.

PHILIP 1. Locomotor ataxy. Paralysis right third nerve.
15. Chronic myelitis.
22. Paraplegia.

Alimentary System and Abdomen.

MARY 3. Enlarged liver and spleen. Ascites. Congenital syphilis.
12. Abdominal tumour.
13. Enlarged liver.
15, 16, 22, 23, 32. Gastric ulcer.
33. Ascites. Cirrhosis of liver.
35. Abdominal tumour. Albuminuria.
40. Anorexia.

PHILIP 6. Enlarged liver and spleen in a boy, æt. 14. Cirrhosis of liver.
20. Dilated stomach.
22. Chylosis ascites.
34. Tuberculous peritonitis.

STEPHEN 7. Tumour of liver.
16. Carcinoma of sigmoid. Colotomy.
26. Carcinoma of pylorus. Dilated stomach.
31. Ascites. Cirrhosis of liver.
39. Enlarged spleen. Leucocythæmia.

Genito-Urinary System.

MARY 37. Glycosuria.

PHILIP 7. Chronic tubal nephritis.
11. Chronic nephritis.
15. Hæmaturia.
29. Chronic nephritis. Glycosuria.
40. Chronic tubal nephritis. Ascites.

STEPHEN 6. Diabetes.
13. Chronic nephritis.
28. Hæmaturia. Eczema.

Respiratory System.

MARY 5. Chronic bronchitis.
14, 38, 40. Phthisis.
21. Chronic bronchitis. Pleurisy.
26. Bronchitis and emphysema.
48. Pleuritic effusion.

PHILIP 1, 18, 32, 36. Phthisis.
13, 26. Pneumonia.
17. Chronic bronchitis.
23, 37. Left pleuritic effusion.

STEPHEN 4. Bronchitis. Tubercle. Curvature of spine.
12, 20. Pleuritic effusion.
18. Pleurisy.
24. Phthisis.

Miscellaneous.

MARY 1. Exophthalmic goitre.
27. Enlarged cervical glands.
28. Congenital syphilis. Multiple arthritis. Enlarged liver and spleen.

PHILIP 2. ? Spinal caries.
21, 31. Osteo-arthritis.
27. Purpura.
30. Arthritis.

CASE UNDER DR. SHAW.

PYLORIC STENOSIS. GASTRO-JEJUNOSTOMY.

A. M., æt. 46, admitted on April 12th into John ward, for pain and vomiting.

Family history.—Unimportant.

Previous illnesses.—None of importance.

Two months before admission patient swallowed two ounces of impure hydrochloric acid. He became extremely collapsed, and was unconscious for a short time. He vomited immediately, and the vomiting continued for several hours. He does not appear to have been treated with antidotes, milk only being administered. The vomiting continued for a week, patient being kept on soda water, milk and brandy. The vomiting ceased for a time after this. Until a week before admission, patient had a varying amount of vomiting. During the week before admission, vomiting has varied from once to three or four times a day; the vomiting has always been after food or fluid.

Pain has been present on vomiting, but at no other time. Bowels have been rather constipated. Urine has been scanty.

On admission.—Temperature, 97°; pulse, 72; respiration, 13. Patient is very anæmic and ill-nourished. There is a slight blue line on the gums. Spleen not palpable. Liver dulness normal. The abdomen is flaccid and somewhat sunken. Palpation over stomach area does not show any increased resonance. Nothing abnormal can be felt in the abdomen. Heart and lungs normal. Urine contains a trace of albumen.

Progress and treatment.—Patient was put on Mist. Bismuthi et Morphinæ, ʒi. 4tis horis. Brandy ʒij. Enema Saponis, c.m.

April 14th.—Patient complains of pain after swallowing. This starts at a point one inch to left of sternum at level of seventh costal cartilage, from where it extends over stomach area. Arrowroot, egg beaten up, custard, bread and milk.

16th. Patient vomited after his dinner (custard).

18th. Patient still vomiting. Nutrient enema 6tis horis.

20th. Patient still vomiting.

22nd. Patient keeping nothing down. Acid hydrocyan. dil. ɱiv. Mist. Bismuth ad ʒi. 6tis horis.

28th. Blood examination. Hæmoglobin 37·5 per cent. The vomiting continued constantly until May 13th, when Mr. Lane performed a gastro-jejunostomy, using a Murphy's Button. Patient became very collapsed on the table. ʒi. brandy hypodermically. Patient was rapidly put back to bed, and ether and strychnine given subcutaneously, together with a nutrient enema with brandy ʒs.s. Patient was put on peptonised milk ʒiv., brandy ʒii. as enema 2dis horis. He did not retain them. Hot water by mouth. Griffin's nutrient suppositories one 4tis horis.

May 14th. 2 a.m. Peptonized milk ʒi., brandy ɱx. by mouth. 10 p.m. Peptonised milk ʒii., brandy ɱxx.

16th. Hot water enema 15 ozs. Hot water by mouth. Patient passing no urine. Râles over chest. 6 p.m. Patient transfused with normal saline solution. Oii. being injected into median cephalic vein. Patient improved very much after this, pulse previously uncountable at the wrist becoming fairly strong.

18th. Patient moribund. Died at 3 p.m.

Autopsy.—Some pleurisy at right base, with pneumonia and a softening patch. Pleurisy between left lobes. Pneumonia in left lower lobe. Old caseous nodule in post-border left lung. Heart normal, 6 ozs.

Stomach of fair size. There was a constriction at the pyloric end half an inch in circumference, not admitting little finger. The constriction was one and a quarter inch in length, being just above pyloric ring. There was some ulceration on posterior wall of stomach. A channelled track of fibrous tissue about three-quarters of an inch wide ran from the œsophageal opening of the stomach to the pyloric constriction.

The Murphy's Button was found in anterior wall of stomach about one and a half inch from constriction, the corresponding jejunal opening being eight or nine inches from pylorus. There was no peritonitis, but some recent lymph on jejunum, in the immediate neighbourhood of the Murphy's Button.

Liver, 40 ozs.; kidneys, 7 ozs.; spleen, 2½ ozs.

In the Surgical Wards.

Cases under Mr. Howse.

Naaman	2.	Hydrocele of the cord.
	3.	Hip-joint disease.
Charity	13.	Infantile paralysis. Talipes, &c.
	18.	Rachitis. Genu valgum.

Cases under Mr. Davies-Colley.

Cornelius	7.	Fractured ribs.
	9.	Cut lip. Fracture of alveolar border.
	5.	Fractured patella.
	17.	Dislocation forwards of astragalus.
Lydia	Cot.	Imperforate rectum.
	Cot.	Hare-lip and cleft palate.
	3.	Fractured patella.
	6.	Fracture of both patellæ.
	8.	Bronchial cysts in neck.
	7.	Carcinoma mammæ.
	23.	Ganglion inner side of knee-joint.
	22.	? Growth along nerve in thumb.
Luke	2.	Undescended testicle. Varicocele.
	3.	Tuberculous knee-joint.
	4.	Tuberculous dactylitis.
	7.	Growth in rectum.
	10.	Enlargement of prostate.
	12.	? Hæmatoma of cord.
	18.	Epithelioma of lip.
	19.	Irreducible omental inguinal hernia.

Cases under Mr. Lucas.

Accident	7.	Contusion of spine.
	22.	Concussion. Bleeding from ear.
Lydia	10.	Strangulated femoral hernia.
	11.	? Myeloid sarcoma of alveolar border of upper jaw.
Job	22.	Old ulceration of leg. ? Tuberculosis. ? Syphilitic. Enlargement of left knee-joint and nodes on tibiæ.

Charity 5. Growth in breast. ? Sarcoma.
23. Orbital sarcoma.

Cases under Mr. Golding-Bird.

Martha Cot. Congenital talipes.
Cot. Genu valgum.
1. Talipes equinus.
3. Enlarged patella bursa.
5. Membranous colitis.
16. ? Sarcoma of vault of skull.
Lazarus 7. Sacro-iliac disease.
12. Congenital stricture of urethra.
13. Cyst of epididymis. Varicocele.
17. Congenital inguinal hernia.

Cases in the Back Surgery.

Cases of Iodoform Rash.

Frank Haye, 33, a well-developed, healthy, temperate man, cut his left hand and little finger severely in a frame-making machine, on January 14th. The finger was amputated in the surgery the same afternoon at the metacarpo-phalangeal joint. Iodoform was sprinkled over the wound, and a dressing of perchloride gauze applied. The patient was seen next day. He had no pain, and stated that he felt quite well. On the 16th he complained of itching in the wound, and the dressing was removed. The skin around the wound was red and a little œdematous. Temperature and pulse normal. Hot boracic fomentations were ordered 4tis. horis. On the 17th, patient complained of some pain and itching in the wound, and on taking off the dressings the skin of the whole of the dorsum of the hand, and that of the lateral aspects of the fingers was thickly covered with small blebs, varying in size from that of a pin's head to that of a sixpenny-piece. The skin of the palm was raised into one large bleb. Temperature and pulse normal, and patient felt quite well. The fomentations were continued 2dis. horis. On the 18th the blebs were punctured and dead epidermis removed and Pulv. Amyli et Zinci applied. Swelling and redness were present as high as two inches above wrist-joint. The swelling gradually went down, and the epidermis pulled from the affected parts. The wound completely healed by January 30th. On the 22nd, some iodoform was applied to the right forearm, and covered by a piece of lint and bandage. After twelve hours, the patient himself removed it on account of the pain and itching caused. On the next day, the part which had been in contact with the iodoform was red and slightly swollen, and by the 24th a crop of papules had developed, which shortly afterwards became vesicular and finally pustular.

Patient stated that he was in a hospital in Chicago four years ago, and had a tumour removed from the left side of his neck. Iodoform was used as a dressing, and produced a similar condition to the above. There was no history of urticarial idiosyncrasy.

In another otherwise healthy man, a foul whitlow had been opened and dressed with iodoform; the vesicles appeared as in the first case, and became inoculated with the organisms of the pus, and the whole of the forearm became swollen, red, and painful. Temperature 100°. Patient was admitted into Samaritan, incisions were made skin deep, and hot fomentations applied. The swelling soon went down without leaving any stiffness of forearm.

In a third case, a healthy man had a dog-bite in the left forearm, which was dressed with iodoform. Vesicles appeared around the wound, with swelling and redness. All traces of iodoform were carefully removed, and hot boracic fomentations 4tis horis ordered. The vesicles and swelling disappeared in about 30 hours.

P. N. V.

"Clinical."

1. Œsophageal stricture.
2. Aortic regurgitation. Mitral regurgitation. ? Mitral stenosis.
4. Empyema.
5. Biliary fistula.
6. Renal calculus.
7. Influenza.
8. Central pneumonia.
10. Appendicitis. Abscess.
11. Phthisis. Aortic disease.
13. Old bronchitis. Tricuspid regurgitation.
14. Acute pleurisy.
16. Acute rheumatism.
17. Acute lobar pneumonia.
18. General peritonitis.
19. Tuberculous laryngitis. Phthisis.
22. Enterica. Convalescent.
23. Rectal growth. Colotomy.
25. ? Sloughing fibroid. Aortic disease. ? Ulcerative. Antistreptococcin.
26. Enterica.
28. Recurrent biliary colic.
30. Pleuritic effusion. Aspiration. ? Malignant disease.
31. ? Bronchiectasis. Basal phthisis.
33. Acute tuberculosis.
35. Intra-cranial tumour. Exploration.
36. Meningitis.

Case for Diagnosis.

Alfred John W., æt. 31. Sergeant farrier, R.A.

Admitted for abdominal pain and blood in the urine.

Family history.—On the maternal side, his grandfather died from kidney disease. His mother died, æt. 36, he thinks of a diseased liver.

Personal medical history.—Measles and whooping-cough when a child. A little later had inflammation of the lungs. Has been subject to colds. No history of any venereal disease.

History of present illness.—Towards the end of February, 1897, patient was taken with pain in the back and across the loins and abdomen. Vomiting came on, which was very severe, and lasted about a week. His urine was dark coloured, and his bowels were not opened for three days. Was ill sixteen days, and then appeared to get perfectly well. On Saturday, May 1st, patient took part in some athletic sports and twisted himself, but felt no pain at the time. On Sunday, May 2nd, he was again seized with pain, which darted across the lower part of his abdomen from the right side and then up the left side. Vomiting came on. Bowels open. On May 3rd the urine was dark, and very little was passed. On the 5th the pain was very severe, and doubled him up. On May 6th a catheter was passed, but no urine was drawn off. A tumour was discovered below and to left of umbilicus, of size about three inches by one inch. The next day he passed more urine, and noticed that the swelling had disappeared. His doctor states that in these attacks the urine has contained hæmoglobin, but no blood discs. Later on, blood discs, hæmoglobin, a few pus cells and casts appeared. Coincidently with the passage of a large quantity of urine, the tumour disappeared.

Urinary system.—On attempting to palpate the left kidney, patient complains of pain and tenderness, especially just below and to the left of the umbilicus. On the right side there is also resistance and a good deal of tenderness, and a small resisting mass about two inches internal to the right anterior superior spine.

Urine.—Sp. gr. 1020; acid. Albumen, 3½ parts per 1000. Hæmoglobin present. Under the microscope, were seen leucocytes, red blood corpuscles, squamous epithelial cells. No casts and no crystals.

Alimentary system.—Tongue covered with a yellowish fur. No vomiting.

Abdomen.—Tender on palpation both to right and left of umbilicus, as stated above. Bowels not constipated.

May 9th. Temperature 100·4°. He feels better, but urine contains albumen and blood.

10th. Temperature 100·6°. Urine contains albumen and blood, granular casts, blood and epithelial cells. Two motions were passed containing mucus mixed with blood and a little fæcal matter.

11th. Passed a motion of clear mucus with a few whitish particles and bubbles, and, on microscopic examination, amorphous matter. Epithelial cells and leucocytes were seen; also a few crystals of uric acid.

13th. Bowels not opened since 11th. Enema given and a normal motion passed accompanied by a small quantity of clear mucus. Albumen diminished in quantity. No abdominal pain.

15th. Passed a motion consisting of formed fæces with dark blood smeared over them. A little mucus was present.

Temperature since May 10th has been normal.

R. W. M.

A Case of Appendicitis simulating Renal Colic.

B. S., a gentleman aged about 30, was taken ill suddenly at midnight of February 26th, with acute pain in the right iliac region. He described it as beginning somewhere between the umbilicus and the right anterior superior spine, and running downwards into the right testicle where it was most severe, "the testicle feeling as if it would come off."

He was seen at 3 a.m., when there was no tenderness on pressure over the seat of the pain, no resistance of abdominal muscles; the temperature was normal, and there was no frequency of micturition. A doubtful diagnosis was given, and he was treated with Morphia and hot moist applications.

February 27th, 1 p.m. The pain has been continuous with frequent acute paroxysms, and it still runs down into the testicle which is its most severe seat. Deep pressure on McBurnay's point causes pain which is not to be elicited by pressure on other points, though this is not well marked. There is no other tenderness in front nor any muscular rigidity. There is some ill-defined tenderness on pressure behind, over, and below the seat of the right kidney. He has micturated twice since last night and there is no unusual desire to do so. The bowels have acted slightly after an enema this morning—they had not done so since the day before yesterday. He has had no sleep. No vomiting. Temperature 100°. Urine, sp. gr. 1022; there is a slight trace of albumen. He has taken Liq. Morph. m 20 every three hours since 4 a.m. The pain continued as severe as ever till 7 p.m., when it ceased. At 9.30 p.m., temperature 100·4°; he was fairly comfortable.

28th. No pain, no tenderness on moderate pressure, but definite muscular resistance in right iliac fossa. Behind there is well-marked tenderness at edge of erector spinæ, two to three inches above crest of ilium. Micturition difficult with frequent ineffectual desire. Temperature 103·2°, pulse 105. 8. p.m., temperature 104·2°, pulse 110, no pain, micturated freely three times since morning; ill-defined induration and well-marked resistance in right iliac fossa; feels better.

March 1st, 11 a.m. Temperature 103°, pulse 96, no pain; less resistance and induration. 3 p.m. Temperature 102·4°. Enema produced copious evacuation of bowels.

The next morning the temperature was normal, it went up to 99° on that and the following evening, and the patient rapidly got well. When the muscular resistance had passed off, a small but very definite swelling could be felt on deep palpation of the right iliac fossa, which disappeared after a few days. There was no sign of albumen in the urine after the 28th.

I think the case worth remembering as illustrating the difficulty one not infrequently has in distinguishing between renal colic and appendicitis at the early stage.

I have never seen such well-marked pain in the testicle in the latter disease before. Frequency of micturition, and pain and tenderness in the right lumbar region, are fairly common early symptoms. McBurnay's sign, although not so well marked as in some cases, was sufficiently so to materially assist one in arriving at a iagnosis.

I think it is probable that we not infrequently label a case "Right renal colic" which is really one of appendicitis, or appendicular colic if there be such a thing. It is, I think, certain that some cases of what is called appendicitis do not have any rise of temperature. About a year ago Mr. Symonds removed the appendix from a man who had five attacks in four months. There was a very definite swelling on each occasion, but I could never find that the temperature was raised—though it was frequently taken. He has been quite well and at work ever since.

This patient had an attack of what I thought was right renal colic about eighteen months ago. The pain was similar to the present attack, but only lasted a few hours. It did not occur to me to consider the question of appendicitis then; he has had no other illness for some years and no symptoms suggestive of kidney irritation.

I have seen more cases of appendicitis during the last fifteen months than I saw in the previous fourteen years that I have been in practice. It would be interesting to know if others have had a like experience; and, if so, to enquire if influenza has acted as a predisposing cause. This seemed to be the case in two of my cases recently.

Notes on the spread of the Plague in Bombay.

(Concluded.)

THE HUMAN FACTOR IN THE SPREAD OF PLAGUE, AND THE LESSON IT TEACHES.

By SURGEON-CAPTAIN B. B. GRAYFOOT.

Many theories have been advanced for the cause of plague in Bombay, and its increase and spread in the city, and although I do not at present propose to discuss these various theories, I will endeavour to show what I think is the most important way in which plague spreads. I am a firm believer in the trade-route theory of the spread of plague, and consider that the bacillus was imported into Bombay; from where it is difficult to say, but it started in Mandvi, close to the docks, which are the converging point of all trade to Bombay.

From Mandvi it spread, as we all know, gradually throughout the city, and it is now spreading all over the Presidency.

I am sorry I cannot give you any statistical details of the spread in Bombay City, and that my remarks for the rest of the Presidency must be made on incomplete statistics. Perhaps at a future meeting I may be able to give you a more decided opinion based on fuller information; but any way I think I can even now give strong presumptive evidence of the truth of my contention, viz., that the human being is the most important agent in the spread of plague. The immediate cause of the plague is, as every one knows, a bacillus, which lives and thrives where dirt and filth abound, and comes as a punishment to those who forget that cleanliness is next to godliness, and its presence is a severe condemnation of the habits and manners of its hosts. Once landed in Bombay, it found such an ideal state of things, and such a suitable soil for its comfortable growth, that it has stayed with us for the past five or six months.

The filthy insanitary houses and chawls in which the poorer natives live, and the utter disregard most poor natives have for sanitary laws, are all important factors to be remembered, when one considers why plague has taken such a firm hold of the city.

Filthy, ill-constructed, overcrowded houses with insanitary surroundings abound in every Indian city, and what the plague bacillus has found congenial for its welfare in Bombay, has existed wherever it has gone, and hence the reason why it is taking such a firm hold of towns in the Mofussil. The plague, as we know, was in Bombay in August last, if not in July, and was not recognized until about 11th September, when Dr. Viegas first brought it to notice, and from his discovery we must date all our information and statistics about the plague.

I have before me the daily statistics of the plague in Bombay, as given by the Health Officer to the Municipality, from which it will be seen that at first only a few cases were discoverable, and during the month of October, when it was very hot, the disease seems to have decreased —to again increase in December, and run its course unchecked up to the present time. It appears now to be decreasing as the approaching hot weather draws nearer. The history of the outbreak is well known to us all. No attempt at isolation of the sick, or segregation of the healthy of infected areas has been made, and plague patients have been allowed to remain in their homes as separate foci for the spread of infection and contagion. The inhabitants of one quarter of the city have been allowed to migrate to healthy parts of the city and the Mofussil, with the result that plague has increased in direct proportion to the movement of the people from one locality to another. What has happened in Bombay has also been reproduced in the Mofussil, except for the past two weeks, during which, in the Mofussil, efforts to try to isolate and segregate have been taken.

The interval of time between the commencement of imported and local cases varies considerably, and one is apt to think that this interval might be an index of the degree of excellence or otherwise in the sanitary arrangements of each place.

This might be so, if all the conditions in each place were similar, but in many places, like Tanna and Poona, special arrangements for the detection of cases at the railway stations were made quite early in the outbreak. Now, at Bhiwndi and Chinchni no such arrangements, as far as I know, existed, and we see how quickly

the contagion of plague took hold of these places. As soon as I have all my figures complete, and all the information necessary, I may be able to show what effect the various conditions, present at each place, have on the length of time it takes for a place to be infected. It is a very interesting point, and will help us to appraise the exact value of different systems of quarantine. Information has been asked for from all districts, to be submitted in a tabular form, regarding local and imported cases, and if the deaths of rats have been noticed in connection with the outbreak. When we have received this information from all the districts, I will be able to complete my maps, and be able to estimate more accurately the value of the various points noted above in the history of the outbreak. The more I consider the question of the spread of the plague in the Presidency, the more confident I am that the various theories we have heard about the origin and spread of the plague, do not give the real cause of the outbreak in the various places where plague is now raging. It is difficult to see how the bad grain theory can account for the plague in all these places, and if we allow that all the inhabitants of these places did consume bad grain for some time before they were attacked, we must also say that during all the many attacks of the plague recorded in history, that the people of these different countries also ate bad grain. This seems to me a very questionable statement to make, and one which has the only merit, that it is difficult to prove it wrong. Mr. Hankin's recent experiments on the action of grain on the plague bacillus, though not yet, I believe, fully completed, tend to prove that the grain theory is utterly untenable. I also do not see how the plague could have been carried from Bombay to Palanpur by rats. That rats die in localities infected with the plague is well known, and it has, I believe, been proved that the disease they die of is plague. Rats sick of the plague probably do help to carry the infection and contagion of plague, and their deaths show that a place is dangerously infected; but I cannot believe that this vehicle of transference of plague infection and contagion is the all important one. In an outbreak of the plague I regard the death of rats from plague in a locality as a concurrent event with the death of human beings, and do not attach great importance to it, though, as I have said before, sick rats help probably to spread contagion and infection by polution of the soil with their excreta. It has, I believe, been proved that the plague bacillus has been found in the dust and sweepings of houses infected with plague. Whether it has been found in the air or rooms of infected houses, or whether the bacillus has a spore stage in its life-history has not, I think, been fully worked out. When the full life-history of the bacillus is worked out, we shall be better able to understand the spread of the disease. If the bacillus exists in, and can live in, the soil, it is easy to understand why rats should get it, and why the death of rats should precede the death of human beings, because from their habits of life they are sooner brought within the sphere of action of the bacillus than the human being.

I regard plague as both infectious and contagious, but if these terms are objected to, I will call it catching. I cannot understand how we are to account for whole families, as has happened at Bandora, dying of the pneumonic form of plague in a few days, and for the rapidity with which the disease took possession of a place like Chinchni, viz., eight days after the introduction of the first case of plague, if it is not an infectious and contagious disease.

My contention is that the disease is carried from place to place by human beings, who are the dangerous and most important element in the spread of the disease, and I found my opinion on the fact that throughout the epidemics in all the places where it has now taken root in the Bombay Presidency, there has been a clear and distinct history of first imported cases, and after a varying time, two weeks, three weeks, or a month and more of such imported cases, reports of cases among local residents begin.

The exact way this is brought about is perfectly clear. An infected person from Bombay goes to his native village and dies of the plague; another or perhaps half a dozen do the same. We all know what the conservancy of Mofussil villages and towns is. The excreta from these cases are left to pollute the soil. And with overcrowding and bad ventilation among a poor people, filthy in their habits, and utterly neglectful of the most rudimentary sanitary laws, the conditions for the spread of an infectious and contagious disease like plague are present in a marked degree. When one goes through the reports and sees that a place has been free from plague and that it gets locally infected after several imported cases have lived and died in the place, it seems impossible to believe that any other theory can explain the outbreak in that locality better than the obvious fact that the disease has been brought by human agency, and in this term I include their personal effects, clothing, &c.

If we are agreed upon this point, then the logical conclusion necessarily follows that in any scheme for the controlling of an epidemic in a given locality, our attention must be mainly given to the sick man and his surroundings. The recognised scientific treatment to adopt, if we want to stop the disease, is to insist on isolation of the sick and segregation of the healthy; and if these points are not attended to, we must be satisfied to let the plague run its course as it has done in Bombay. It must be either one of two things,—a scientific and rational way of treatment, or the plague unchecked. There appears to be no middle course. Unfortunately in Bombay we have elected to have the plague unchecked.

We have heard a great deal in Bombay about the difficulty and impossibility of these measures. I have never been able to prove to myself the impossibility, though I recognise the difficulty. But I should like just in conclusion to mention what has happened in Bandra. After the epidemic began to seriously increase, the people through their priests were persuaded to leave their homes, and one village through which I frequently pass did so, nearly every one leaving the village, with the result that

the mortality from plague after they left their infected houses at once decreased and almost ceased. Another village quite lately had to be turned out by force, and now the people are beginning to bring their sick to the temporary hospital, showing that they have confidence in the hospital and do not resent judicious firmness. This hospital, run on the same lines as a civil hospital, has only been open three days, and it is quite full, and another pavilion will have to be built. While I was at it for an hour yesterday evening, three patients were brought in of their own free will, showing that the natives do not object to go to a well equipped hospital where they are kindly treated. The people in Bandra are being turned out from infected areas, and the sick treated in hospital, so that Bandra has begun to do something towards isolation and segregation, and the experiment is proving a success; and it is another instance of what a little energy, which does not recognise such words as impossible and impolitic, can do, especially when it is accompanied with firmness and kindness.

The Greco-Turkish War.

(From our Special Nursing Correspondent, by kind permission of the Matron.)

NURSING IN ATHENS.

Military Hospital, Athens, *April 30, 1897.*

From peaceful, well-ordered, hard-working Guy's it is a very far cry indeed to the military hospital at Athens. Yet here we two Guy's nurses find ourselves after a few days of incessant travelling, and here we are trying hard to introduce some of the order and method of our training school.

Now we are living in stirring times, and the nearer we came to Greece the more general became the topic of the war, and the wilder the enthusiasm and excitement. The train that brought us from Patras to Athens on Tuesday last, carried also crowds of volunteers, both English and Greek, and we were frantically cheered by the natives at every station on the line.

The first night after our arrival in Athens we passed comfortably enough at the Grand Hotel d'Angleterre, and early the next morning we received a summons to the Palace, where we were met by the Crown Princess Sophie, who treated us with every kindness and consideration. She told us she wished us to be stationed at the Military Hospital here at Athens, where daily more wounded were arriving from Volo, and where they were in great need of help. She would have accompanied us herself to the hospital, but it was not considered safe for her to venture out as the city is in a very unsettled condition, and some fears were expressed for her safety.

Business seems practically at a standstill, and everywhere groups of men are gathered together apparently desirous of living up to their old-time reputation of "loving to see and to hear some new thing." Nothing is talked of but the war, and the latest report is that the Turks are at Volo, and will be in Athens in four days! This, we will hope, is not true, but time will prove. It is extremely difficult to get any reliable news of the war, as the reports vary so much, and so little confidence can be placed in those that bring them.

When we came to the hospital we were filled with despair, and felt utterly helpless. It is a large, straggling building, containing two or three hundred beds, but as such a great strain has been put on the accommodation by the war, tents have been erected in the grounds, where the patients are huddled together like sheep in pens, and where the heat is intense, and the smells worse. This hospital is exclusively under the protection of the Crown Princess, and she wishes only English nurses in it, so two others are installed here as well as ourselves, and we do the best we can, but what are we among so many?

There are very many huge wards, bare and whitwashed, containing between forty and fifty beds each. These wards so far, have had only orderlies to work them, there being no women here at all except ourselves. The beds, apparently, are never made, and the patients never washed! The first evening we were here, Nurse Davidson and I made one hundred and twenty beds as a beginning, and we felt quite tired when we had finished.

Wednesday night we slept at the Palace, as there was no accommodation whatever here for us, except one big bare whitewashed room, which the Princess has since furnished for us.

We had to be up at the hospital by eight in the morning, as it is then the dressings are all done. The various surgeons assembled in the principal corridor, and after a great deal of talking and gesticulation, without which nothing whatever gets done here, they each filed off to their different wards, accompanied by their several dressers, dispensers, orderlies, and ourselves. The chief surgeon appeared to be distinguished by three stars on his collar, the next by two, and so on. Most of them speak French, some more and some less, but as for the rest it is Greek, and nothing but Greek on every side. This modern Greek at present, seems to us the most unpronounceable and fearful wild fowl of a language under the sun. All the common people speak it, and the written signs, of course, are equally unintelligible to us. The art of aseptic surgery does not seem to be very far advanced with them, and the dressings of iodoform gauze, absorbent wool, and starch or calico bandages, are the rule for every case in every ward, except when they smear a little ointment with a not too clean finger upon a wound that is nearly healed. An irrigator filled with lotion and fixed to a high pole, is also taken round the ward, and the nozzle applied without the slightest precaution to every wound. Notwithstanding this, and the agile way in which every patient without exception hops in and out of bed, and sits up or lies down according to his own sweet will, the cases appear to be doing very well, and the men are most patient and tractable. The dressings last until between one or two o'clock, and the surgeons make another but shorter round in the afternoon at four.

All day long visitors seem to troop in and out just as they like, and as there are no chairs in the wards everyone sits on the beds, which consequently are never fit to be seen.

The mattresses are stuffed with hay, as are also the pillows. There are no blankets, and each bed has only two sheets and a rug to it. The patients smoke when they feel so disposed, and each man's spare bread is stowed away under his pillow.

Beginning warily, as it was necessary we should, and getting what we wanted by means of signs, we began the next morning to wash some of our patients' faces and hands, at which they seemed very much amused, but did not resent at all. We secured a piece of soap and a tiny towel, and with a tin bowl of hot water we washed —oh, ye traditions of Guy's—*fourteen* patients in the same water! And even after that they seemed surprised that we wanted some fresh water! Clean hands and faces, tidy beds and a few flowers here and there soon made the big, bare ward look more habitable, and when the Princess arrived yesterday morning she said there seemed already some improvement, which was satisfactory.

Things seem a little quieter in the city to-day, but some whispers are going abroad of a possible revolution, and threatening glances are cast at the Palace. We cannot tell yet how long we may have to stay here. Of course, it seems quiet enough just now, but any moment the tide may turn, and the apparent peace be broken up.

We have an orderly to wait upon us, and they send us various small comforts from the Palace, otherwise we should fare badly, for the dishes are more strange than palatable to our English appetites, and the natives believe very strongly in olive oil as a flavouring. Mosquitoes are to the front at night, while all the dogs of Athens seem to assemble in the streets and hold a political meeting on their own account. Instead of a bell, a bugle call rouses us at five o'clock in the morning, though we do not get up so early as that.

Many things seem very upside down here. There is a difference of quite an hour in the time of day from English time, and we are several days behind in the date, their Easter being celebrated only last Sunday. Their money system is also curious, only a few coins of small value being issued, the rest being all in paper. And the value of a franc varies from day to day.

We are both well and in good spirits, and hope to do some good work before we return to England, and to try our best to represent Guy's honourably. There are many difficulties, but we trust we shall in time surmount them, and, meanwhile, we are quite sure that all our friends are wishing us Godspeed, good luck, and a safe return.

Letters will be most welcome, and if addressed to the "care of the Crown Princess, the Palace, Athens," will be more likely to reach us safely than if sent direct here to the hospital.

E. M. FOX.

L'Ecole Militaire, Athens, *May 12, 1897.*

Nurse Davidson and I have been transferred here from the Military Hospital in a violent hurry. Our beds and mattresses were stowed upon the top of the cab, the rugs and sheets we carried on our laps. During the transit, the beds fell off from the jolting, and after much excitement, were picked up again. The Military School is a magnificent building, almost palatial in style, totally unsuited for the needs of a hospital, the floors are of marble, and the ceilings quite works of art. The wing used as a ward in which I am on duty is as large as the quadrangle in front of Guy's, the beds look like cots in the vastness.

At three o'clock this morning I was electrified by the sudden appearance of a face at one of the many windows (for there are thirty-two in the ward). I turned cold, fearing it might be a Turk. However, it proved to be only the sentry, for on going to the door he pronounced the magic word "kala," to which I also responded "kala," (kala, all right.)

As regards the surgical part of our work, there is always plenty of dressing to do. It is rather difficult being alone with patients who can neither speak English or French. Poor fellows, some of their limbs frightfully mutilated! One man had a bullet right through his eye completely destroying the eyeball, and then glancing off, passed downwards and emerged under the lower jaw!

It is not safe to drink the water here, sometimes it affects even the natives, but with strangers it is liable to produce a kind of dysentery. So even I, rigid abstainer as I am, have to drink a little of the "vin ordinaire" which everyone drinks. Milk is very difficult to procure.

I am very glad Nurse Davidson and I are not separated. There are some other nurses here too, but we don't see much of them, as we only meet for meals. The food, of course, is vile and foreign, but when they remember it, they send in things from the Palace, so we do not starve.

The room which Nurse Davidson and I share does not contain as much as Elisha's chamber on the wall—it has only a bed, table, candlestick. And the mosquitoes! Be thankful there are none in England.

I have only seen Mrs. Fenwick once since she came; she has been ill. Of course, the climate is trying—bright sunshine and very hot, but always a cold wind blowing, and very cold at night. The dust, too, is white, fine and irritating, blows in clouds and penetrates everywhere.

A wounded Turk has just come in. Dressings are going on nearly all day. There is hardly time to wash the patients.

E. M. FOX.

Papers by Guy's Men.

The following papers by Guy's men are amongst the contributions to *The Lancet* of 15th May:—

Acute Pancreatitis. By R. M. Simon, M.D. Cantab, F.R.C.P. Lond.

On the Anæsthetisation of Children. By George Rowell, F.R.C.S. Eng.

Guy's Hospital Clubs' Union.

ANNUAL REPORT, 1896-97.

THE Council of the Clubs' Union have much pleasure in presenting the Fifth Annual Report of the progress of the Union, together with a statement of the receipts and expenditure since April 1st, 1896.

The total number of members on March 31st, 1897, was 1,806, of whom 1,490 are life members, 285 annual subscribers, and 31 patrons, an increase of 121 since last season. The continued support accorded by the Governors, the consulting and acting staff and old Guy's men is very gratifying to the council. There are still, however, some old Guy's men who have not paid the life subscription of one guinea which enables them to have their names and addresses printed annually in the directory of the Clubs' Union Blue Book. This book is still admirably carrying out the object for which it was designed, viz., the convenience of a member when in search of the names and addresses of Guy's men in any particular place to which he is going, or to which he is sending patients.

During the winter months the lower part of the ground at Honor Oak Park has been levelled by Harris, the ground-man, who has carried out the work in a most efficient manner. This has considerably increased the area available for tennis courts and cricket pitches, and has also much improved the appearance of the ground. Twelve more lockers and a central screen for clothes-hooks have been added to the members' dressing-room, and have proved a great additional comfort. All the lockers are now let. The two smaller dressing-rooms have been match-boarded, and their appearance and comfort thereby much improved. A clock has been presented and added to the pavilion, the funds having been raised amongst the members by voluntary subscriptions.

The agreements with the St. German's cricket club and Travers & Co. cricket club have been renewed. Permission has also been granted to the members of the Guy's Hospital Servants' cricket club to practise cricket on one evening in each week during the season.

The ground was again selected last summer by the United Hospitals' cricket club for the inter-hospital matches.

The athletic club held their meeting on the Clubs' Union ground on June 9th, 1896, and the change of venue proved a great success, the entries being larger, the competitions keener and the spectators more numerous. The meeting will again be held there this year on June 9th.

Members of the Nurses' Lawn Tennis Club continue to avail themselves of the privilege granted to them of using the tennis courts on three mornings in each week during the season.

The best thanks of the council are due to the officers of the constituent institutions, and to the auditors, and to the able and untiring assistance of Mr. Croucher, and the other members of the medical school office staff.

The income for the year was £1,901 and the expenditure £1,818 0s. 9d., leaving a balance of £82 19s. 3d.

Statement of Receipts and Expenditure from 1st April, 1896, to 31st March, 1897.

1896 RECEIPTS.	£ s. d.	£ s. d.
April 1		
To Balance at Bankers	28 2 6	
„ „ of Petty Cash in hand	0 0 8	
		28 3 2
1897, March 31		
To Subscriptions and Donations from April 1st, 1896, to August 31st, 1896	337 18 0	
„ Subscriptions and Donations from September, 1896, to March 31st, 1897	1,209 18 6	
	1,547 16 6	
Less a Subscription returned	5 5 0	
		1,542 11 6
„ Grant from Medical School for 1896 ...		*100* 0 0
„ „ Dental „ ...		15 0 0
„ Rent from Tenants		90 0 0
„ „ U. H. C. C.		16 16 0
„ „ Lockers		2 5 0
„ Gate Receipts		12 1 6
„ Proceeds of sale of horse		4 17 6
„ Blue Book Advertisements		40 1 3
„ Grant (balance of) to Association Football Club, returned		0 18 4
„ Deposit interest		2 9 1
„ Sale of railway tickets		45 16 8
		£1,901 0 0

1896-7 EXPENDITURE.	£ s. d.	£ s. d.
March 31		
By Grants to Constituent Institutions—		
Athletic Club	42 10 0	
Bicycle Club	2 0 0	
Christian Union	5 0 0	
Cricket Club	24 18 1	
Football Club, Association	14 12 9	
„ Rugby ...	27 0 0	
Guy's Hospital Gazette ...	326 12 6	
„ Physical Society ...	27 10 0	
„ Reports	306 15 0	
Rifle Association	10 0 0	
Students' Club	316 15 6	
Swimming Club	2 10 0	
Tennis Club	12 2 0	
		1,112 5 10
„ Field, Current Expenses		228 19 8
„ „ Rent Account		234 10 0
„ Purchase of horse		10 0 0
„ Management Expenses—		
Printing and Stationery...	59 19 11	
Secretarial Expenses ...	46 11 0	
Postages	8 7 8	
Insurance	1 7 0	
		116 5 7
„ Railway Ticket Deposit Account		54 3 4
„ Rates and Taxes		56 5 4
„ Petty Cash Expenditure		5 11 0
„ Balance at Bankers	78 9 7	
„ „ of Petty Cash in hand	4 9 8	
		82 19 3
		£1,901 0 0

FREDERICK TAYLOR, Treasurer.
J. H. BRYANT, Secretary.

May 12th, 1897. Audited and found correct.
THOS. G. STEVENS.
EDWARD FISK.

Passim.

The arrangements for the Prince's visit next Wednesday are now practically complete, and already, at the time of writing—three days before publication—the usually sombre countenance of our worthy hospital is showing some signs of inflammation. The leucocytes are hard at work building up fresh tissue; the phagocytes are busy clearing away all that offends. Even the recently deposited quadrangle forests have had to emulate Birnam's famous wood in "Macbeth," and move on; and the noble trees that lately reared their leafy (?) tops Luke and Naamanwards have for the time being to rear as best they can rather on one side. A printed copy of the detailed arrangements for the ceremony, will be in the hands of those entitled to tickets, and all will be expected to adhere diligently to the programme as there set forth, neglecting for the time being the advance copy published some time since in our hospital contemporary. By so doing, any semblance of confusion will be avoided.

We would again remind men of our offer of a prize of half-a-guinea for the best snap-shot photograph of the occasion. With the present-day facilities for photographic work, it should be an easy matter to obtain a view at once interesting, realistic, and picturesque, and the winner will have the satisfaction of knowing that his work will be handed down to future generations of Guy's men, as a record of the most important event of Her Majesty's Glorious Jubilee Year in this little hospital world of ours.

During the last fortnight we have been expectantly awaiting suggestions from our readers for the worthy celebration of June 22nd at Guy's, but as yet none have arrived. What are we to do? It is high time something was settled. We hear that the authorities are disposed to allow the patients similar privileges to those granted on Christmas Day, and it remains for us students to decide whether or no their enjoyment is to be increased by any effort of ours in the way of entertainment. If the day be fine, we might do worse than hold an out-door concert in the park for all who could attend, with tea, and possibly fireworks in the evening to follow. What do you think? Now then, ye would-be philanthropists, hurry up with your suggestions.

Our attention has been drawn by a correspondent to a pamphlet entitled "Medical Reports from Hospitals for Women," but which is purely an advertisement for a certain meat-juice, in which appears the following testimonial:—"The good qualities of Loveletters' (we purposely alter the name) meat-juice are well recognised by me. (Signed) Thomas Bryant, M.D." (*sic.*), Consulting Surgeon to Guy's Hospital. We cannot help thinking that this must be published without the authority of our senior consulting surgeon, and it seems shameful that these Yankee advertisers should be allowed to use unauthorised testimonials in the way they do.

All will read with interest the two letters from Nurse Fox, published on another page. We would also like to call attention to a most interesting letter from Mr. Murray Thomas, illustrated by snap-shot photographs, which appears in to-day's issue of the *Graphic*. Mr. Thomas, who until lately was one of Dr. Pye-Smith's ward clerks, travelled to Greece with seven of the English nurses (including Nurses Coombs and Skerman of ours), who went out in response to the appeal by the Crown Princess of Greece, and he gives an amusing account of their experiences on the way, including their meeting with the ubiquitous Mrs. Chant of Empire fame, who was then on her way back to England. We have to thank the *Graphic* proprietors for allowing us to see a copy of the letter and photos. These latter include a group of the nurses, but we fear that Guy's folk will have some difficulty in recognising their own particular friends.

As regards our other friends out at the seat of the late war, no further news has been received by the Gazette of Mr. Stanley Turner and his coal ship. Dr. Moffat is hard at work attending wounded Greeks at a military hospital close to the scene of action, and we feel sure worthily upholding the traditions of our hospital in the far East.

We believe Nurse Coombs and Nurse Skerman are now at Larissa, and with reference to this Dr. Wilks writes:—"It may be of interest to remember that this town (Larissa) has been rendered sacred to medicine by the fame of Hippocrates. In this town there flourished one of the temples of Health called Asclapia, and Hippocrates in his travels resided for a long time among the Larissians. Here

also he died, and his monument was once shown in the suburbs of Larissa." We publish to-day a short series of "Aphorisms" of this famous Greek.

CONSIDERABLE satisfaction will be felt by all men at the hospital, that at last one of the causes of the disappearance of sundry valuable articles from the College has been discovered. The individual turns out to be—as was, unfortunately, generally suspected—one of ourselves, a student, and though his detection brings a certain amount of shame upon us—shame that one presumably wishing to enter our glorious profession should so debase himself as to pilfer and steal from his fellow students—yet we cannot but feel happier that now the shadow that has hung so long over the College, and which included in its gloom many of the hospital servants, has at length been lifted. Let this be a warning to any whom the cap fits—for we hardly think that all the losses that have occurred can be attributed to this one cause—that such mean, despicable acts, cannot always escape detection.

Now that the temporary means of entrance from Newcomen Street through the yard leading to the New Buildings has been again closed, a fresh agitation is being started for the re-opening of the old iron gate. Could not the authorities see their way clear to allow of its being used for a short time (say from 8.45 to 10.15) each morning? The inconvenience is especially noticed now that 9 and 9.30 lectures are again in full swing.

FOUND—in the College sometime during last week—a well-formed healthy mare's nest, containing only one ordinary chicken's egg, not a small one. Many of the residents got their arms well scratched before the somewhat disappointing discovery was made.

AT no far distant date, so it is rumoured, the members of the Nurses' Cycling Club are, when on riding intent, to be allowed to leave the hospital clad in the uniform of the Club, instead of, as at present, having to effect a double change at the Club house at Lewisham. This is as it should be; for with the very limited time at the disposal of members for riding, even the smallest saving in this respect is of value. Writing about costumes reminds us that before our next number appears the new Nurses' cap will have made its first bow and bid for public favour. We are assured on absolutely the highest authority that it will prove "most becoming," and will be far more popular generally than is the one at present in vogue. What times we are having! We are seriously thinking of advertising for someone who could do more adequate justice to these subjects, about which we feel quite at sea and liable to sink below our depth at any moment.

THE results of the First Fellowship Examination, though nothing exceptional for Guy's, are quite up to the usual standard. Four through out of twelve is certainly better than six out of twenty-two, which are the figures of another great hospital the other side of the river. It seems that most of our men got through their anatomy all right, but came down in physiology. There does seem now rather a tendency to under-estimate this latter subject. No worse mistake can be made. We believe we are right in saying that not only must men have their ground-work perfect, and at their finger tips, but that the examiners expect them to at any rate show they know something about the most recent work and discoveries.

ON walking into the College each morning one cannot but be struck (metaphorically usually, though sometimes physically) by the ever-increasing number of bicycles strewn about the building. Could not some space within the hospital be set apart for the storage of these machines during the daytime? A small charge per week per machine would soon clear off the cost of knocking together a shed of some description in one of the numerous eligible sites in the hospital grounds, and the College entrance would be rid of what undoubtedly is at present to some people, a growing nuisance.

WHAT ultimately turned out to be a harmless thunderbolt was shot into the College at the beginning of the week, for it was definitely stated that Dr. Goodhart's H.-P. was down with small-pox. A public vaccinator was appointed instanter, and thousands flocked to him to undergo the preventive inoculation. It now appears, however, that Dr. Panting has only been visited by a somewhat severe attack of chicken-pox, and will soon be, if he is not already, well on the road to perfect recovery. We need hardly say that we heartily congratulate him on the most recent diagnosis, and look

forward to soon seing his commanding form back again in our midst.

Now that the New Buildings are complete, we hasten to suggest to the authorities that the new fives court which is owing (at least we suppose it is) to the Students' Club should be built after the pattern of the Eton courts, as we feel sure that hand fives would be far more popular among students here, than is the so-called Guy's game as at present played, or rather not played.

A small field has been obtained by the Athletic Club in which members can practise hammer-throwing. This is an improvement on last year's arrangements, and ought to obviate the disgraceful exhibition of throwing as seen at our sports last June. The field is situated adjoining the upper end of the Clubs' Union ground behind the upper tennis courts. Whilst on the subject of sports, might we suggest that the grass above the ditch backing the tennis courts close to the entrance, should be cut. At present any tennis balls escaping the embrace of the wire netting run a great risk of being totally lost in the jungle.

The interior of the pavilion at Honor Oak Park would be vastly improved in appearance by the presence of a few good engravings on the bare white walls. Here, then, is an opportunity for any generously disposed individual, be he student, on the staff, or otherwise, to do the Clubs' Union a good turn. The hospital football, cricket and athletic team groups of recent years should also be put up. At present the well-known portrait of the late Mr. Durham, and a solitary cricket team, poised close to the ceiling, far from the maddening crowd, are the only attempts at ornamentation in the place.

Judging from the doings of the cricket eleven up to date, it would hardly seem that the Cup competition is going to prove a walk over for Guy's at any rate. However, there is plenty of time yet for improvement, and if only the standard of bowling improves, our men ought to do very well. At present Clarke is the only really reliable bowler in the team, and if he failed to come off we should be up the proverbial tree. His bowling in the Crystal Palace match last Saturday had a great deal to do with the victory by a wicket and a few runs that the hospital was enabled to gain. It will be seen from the list of the Cup ties, published under "Sport," that Guy's have been somewhat favoured, and should have no difficulty at least in reaching the final.

The Tennis Club started the season well with a good win over the Boundaries Club. Thanks to the untiring energy of captain and secretary, considerable keenness is being shown among the tennis players of the hospital. The Handicap Tournament is now fairly started, while entries for the Championship Cup competition closed on Thursday last. At present there are several candidates for the vacant places in the team, of about equal merit, so that a little extra practice may make all the difference between a "Blue" or not. *Verbum sat sapienti.*

The sports entry list is now open, and the committee-men are all on the war path with the well-known little receipt book as their chief weapon of assault. In this conflict, submission is far more honourable than retreat. Every man in the hospital should make a point of entering for one or more events, and with the ground so convenient, no excuses as to want of time can possibly hold good, and no objection will be made to men running in football or other toggery, if they are unable or unwilling to don the regulation outfit.

The annual Past v. Present cricket and tennis matches will be played on the ground at Honor Oak Park on Whit Monday. Mr. R. B. Stamford will be pleased to hear from any old Guy's men wishing to play in the cricket game. The Past tennis team is being got together by Dr. Goodall, of Homerton, so that an enjoyable day of good sport is sure to be spent, if only the clerk of the weather is propitious.

The list of new "Blues" published under "Sport" comprises, it will be seen, eight Rugby and six Association players. This latter number we cannot quite understand. According to Rule 4 of "Rules for the Hospital Blue," since there were six old "Blues" playing in the team that won the Cup, only five new ones could be awarded. How, then, comes it that six are given? We cannot help thinking that someone has blundered, and we call attention to it to avoid, if possible, the establishment of a dangerous precedent. If this list obtains, certain Rugby players who

just missed the coveted honour will have a just grievance against the Blues' Committee, and one which would have our fullest sympathy. The "Blue" is becoming "cheap" enough already, in our opinion; it would be a pity to still further decrease its value.

Recruits are badly wanted for the Water Polo teams. After the splendid degree of excellence attained last season, it would be a thousand pities if the high standard were not maintained during this year of records. The practising time is 3.45 p.m. on Thursday afternoons, and all men turning up at that hour may be sure that any good form shown will not be overlooked by the officials of the club. The first match of the season, as will be seen in the sporting column, resulted in an easy win for the hospital, and the team, though not at full strength by any means, showed form which augurs well for a successful season.

The Residents' Dance on June 8th, with Mrs. Cosmo Bonsor as hostess, and a full list of lady patronesses, should prove more enjoyable than ever. Application for tickets should be made early to one of the honorary secretaries, Messrs. Jackson, Fagge and Carpmael. Gentlemen's tickets, 8s. 6d; ladies', 6s. 6d.

The next meeting of the Epidemiological Society is announced to be held on Friday, May 21st, at 8 p.m., at 11, Chandos Street, Cavendish Square. Dr. Andrew Davidson will then read a paper on "The Seasonal Distribution of Epidemic Diseases."

All Freemasons in the hospital are requested to take notice that a Masonic Festival will be held in St. Saviour's Collegiate Church on Ascension Day, May 27th, and that tickets of admission are to be had of Mr. Langston, 32, Borough High Street.

The next examination of the "Charles Murchison Scholarship in Clinical Medicine will be held at Edinburgh University on July 15th and 16th next. The examination is open to London Medical Students who have been registered for not less than five or more than seven years. Any further information wanted, can be obtained at the Medical School Office, or direct from the Dean, University of Edinburgh, N.B. The Scholarship is of the value of Twenty Guineas, tenable for one year.

Included in the Sports programme on June 9th will be a two-mile bicycle handicap race. The track will be, of course, a grass one, four laps to the mile, and is now open for training, and will be so as long as the weather holds good and the ground is hard. Entries close to W. P. Ker, the Bicycle Club secretary, on May 27th next.

The Prince's Visit.

The final arrangements have now been made for May 26th, and with the absence of rain and the presence of good temper all round, a successful result may be anticipated. With 600 hosts (and for the occasion it is to be hoped that every present Guy's man will take on this self-denying rôle) there should be no difficulty in ensuring that our 2,000 guests will be well looked after, and that our principal guest shall not be incommoded by too pressing demonstrations of loyalty. For these purposes it is believed that the rigid carrying out of the order of proceedings as circulated to every ticket holder will prove sufficient. There are a few facts, however, in the programme of the day not included in the order of proceedings, the knowledge of which by all about the hospital will probably be of use.

All lectures and demonstrations in the school will be suspended throughout the day.

The front surgery will be closed at an early hour, and all accidents and cases of emergency will be referred to the Maze Pond out-patient department, where the officers responsible for casualties will be on duty.

Ordinary out-patients will not be seen on this day, but any case of severe illness will be treated by the casualty officers. The dental conservation room will be closed.

Until the hour at which the inspectors of tickets will be on duty at the various entrances, the porters will receive instructions to admit no one but ticket holders and those having special duties in the hospital.

The underground passages and the subway to the college will be entirely disused throughout the day.

Owing to the lateness of the hour at which the ceremony will be over, it will be impossible to allow guests to visit the wards.

The majority of the holders of theatre tickets will probably vacate their seats after the opening ceremony, and seats thus vacated will be at the disposal of any of the guests wishing to witness the distribution of prizes. It is thought that a large number of students may be glad of this opportunity of according a hearty welcome to Mrs. Cosmo Bonsor on her first visit to the medical school.

On the subject of applause, it may not be out of place to suggest that it should be entirely manual or vocal. Stamping, especially in a new building, is likely to raise a very undesirable cloud of dust.

For the benefit of those who, owing to absence or ill health, may have been prevented from applying for invitations, it may be mentioned that there are a few—a very few—red cards, admitting to standing room in the park, which may be obtained on written application to the Dean.

House Committee.

The House Committee received a letter from Mr. Carpmael, who handed over to them the Keogh Pension Fund, and they have agreed to administer it according to the conditions agreeable to the subscribers, allowing interest meanwhile at the rate of 2½ per cent. per annum upon the capital.

Aphorisms of Hippocrates.

I.

Life is short, the Art long: opportunity fleeting: experience fallacious, judgment difficult.

For extreme diseases, extreme methods of cure are most suitable.

Something must be conceded to habit, to season, to country, to age.

When things are at the crisis, neither move the bowels, nor make any change in the treatment, but let things alone.

Those things which require to be evacuated should be evacuated by the proper outlets, wherever they most tend.

Use purgatives sparingly in acute diseases; only at the commencement, and that with due caution.

When sleep succeeds delirium, it is a good sign.

Spontaneous lassitude indicates illness.

It is easier to fill up with fluid than with solid food.

In acute diseases it is not safe to predict too confidently death or recovery.

Persons who have had frequent and severe attacks of fainting without obvious cause, die suddenly.

It is impossible to remove a strong apoplexy, and not easy to cure a weak one.

Persons naturally very fat are apt to die earlier than those who are slender.

Autumn is a bad season for persons in consumption.

Spasm (tetanus) supervening on a wound is fatal.

In persons who cough up frothy blood, the source of it is the lungs.

Diarrhœa attacking a phthisical person is a mortal symptom.

In cases of concussion of the brain patients necessarily lose their speech.

When a patient passes blood and clots, and is seized with pain in the perineum and pubes, disease about the bladder is indicated.

Rigors and delirium from excessive drinking are bad (delirium tremens).

When bubbles settle on the surface of the urine, they indicate disease of the kidneys, and that the complaint will be protracted (albuminuria).

Phthisis is most common from eighteen to thirty-five.

Ulcers, attended with a falling off of the hair, are disreputable. S.

From the Gazette's Special Pathologist.

All specimens—particularly those of solid tissues—should be accompanied, if possible, by a short clinical and post-mortem history, and a postal order for 2s. 6d. An extra charge of 6d. per slide is made when prepared sections are to be forwarded.

Directions to be followed in sending *Diphtheritic Membrane*:—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

All specimens to be addressed to the Gazette Pathologist, Medical Office.

Diphtheria specimens are to be labelled *Immediate*.

Postal Orders to be made payable to Mr. C. H. Wells.

NOTICES.

A. J. S., Whitby.—This specimen is so much degenerated that very little can be made out of it. From the few fragments that will stain it is probably epitheliomatous.

W. E. T., Nottingham.—This specimen is infiltrated with an epitheliomatous growth, which is remarkable for the small size of its cells, the absence of keratoid changes and cell-nests, the extensive hyalene degeneration of the stroma, and the formation of small cysts by mucoid softening of the central cells in the epithelial processes.

H. R., Commercial Road.—No tubercle bacilli could be found in the sputum.

E. H., New Ferry.—After incubation on blood-serum, the resulting growth consisted of streptococci associated with a short, oval bacillus, having rounded ends. No Klebs-Löffler bacilli could be detected.

W. E. R., Brenchley.—No tubercle bacilli could be found in the pleuritic fluid.

J. P., East Dulwich, "No. 1."—No tubercle bacilli could be found in the sputum.

J. P., East Dulwich, "No. 2."—The small bodies appear to be the envelopes of the cells of orange pulp.

E. R. M., Hastings.—A few tubercle bacilli are present in the sputum.

R. B. M., Swaffham.—No tubercle bacilli could be found in the sputum.

PATHOLOGIST.

The Services.

(From our Special Correspondent).

ARMY MEDICAL STAFF.

An important concession has been made by the War Office authorities, not only to the officers of the A.M.S., but to all other departmental officers, namely, that in future they are to take their place on boards, courts of enquiry, etc., according to their seniority, instead of having to attend as previously as witnesses. If only a Royal Corps were granted to the officers of the A.M.S. and the men of the Medical Staff Corps, with army titles pure and simple therein, *but with no further powers of command* than at present possessed, peace and happiness would reign in this branch of the army. These are the only two points remaining to be conceded, but the most important, as the whole status of the army doctor depends on them.

We hear that Surg.-Capt. Spong, A.M.S., attached to the Egyptian Army, will shortly arrive in England on leave of absence.

INDIAN MEDICAL SERVICE.

Surg.-Capt. Meyer, Bombay Establishment, is in this country on leave of absence.

THE VOLUNTEER MEDICAL STAFF CORPS.

A guard of honour of this corps, under command of the Adjutant, Surgeon-Captain Raunsley, A.M.S., will receive H.R.H. The Prince of Wales on the occasion of his visit to Guy's Hospital on May 26th.

The corps will also take part in the Jubilee celebration on June 22nd next. The band and one hundred men will join in lining the Mall with the other volunteer guards of honour, and the remainder will render medical aid to the regular troops in the event of its being required.

Chapel News.

(CONTRIBUTED BY THE CHAPLAIN).

The services on Ascension Day will be—

7 a.m. and 8.40 a.m.—Holy Communion.

8 p.m.—Choral Evensong.

The offertories for the Rochester Diocesan Society, collected on May 9th, amounted to £2 5s. 11d. The offertories on Ascension Day have usually been devoted to the same cause, and will be again this year.

We would remind our readers that the offertories to-morrow, May 23rd, will be given to the Queen Victoria Clergy Sustentation Fund, "The Church's Memorial of the 60th Year of Her Majesty's Reign."

Special forms of services for Jubilee Sunday, June 20th, are being prepared. They embody that which has been put forth "By Authority," and contain special hymns and other matter.

Once a month the names of doctors and nurses who have gone from Guy's to serve in the mission field are read out in Chapel, and the prayers of the Church are requested on behalf of them and their work. At present the Chaplain's list has eleven names upon it. He cannot but feel that it is far from complete, and he would esteem it a favour if all persons who know of Guy's men or women working at mission stations would send him what information they possess.

Novelties.

MATERIA MEDICA, PHARMACY, ETC.

HIRUDINES.

Leeches are now very rarely applied; at Guy's about 100 are used in the course of the year. They are imported mostly from Hamburg; some are also brought to England from Bordeaux, Lisbon, etc. They are sent in barrels holding about 2,000, the head being made of stout canvas to admit the air. Leeches may be caught with the hand or by a kind of net, or by the gatherers going into the ponds with naked feet to which the leeches adhere, or by baits, especially the liver of animals. The leech as a therapeutic blood-sucker has been relegated to a very inferior position, but in this age of animal extracts and serums it appears that it is likely again to become an important therapeutic agent. The buccal secretion of the leech has been shown to have the power of preventing the coagulation of blood, and recently it has been proved that an aqueous extract of leeches' heads possesses the same properties. It is now possible to obtain Extract of Leeches, an aqueous sterilized extract of the heads of Sanguisuga Medicinalis hardened in alcohol, dried and pulverised. This extract contains the active components of two leeches in each fluid drachm. The anti-coagulative property, and the harmlessness of intravenous injection of leech extract furnish probable means of effectively treating recurring thrombosis. In the case of adults five to seven fluid ounces of the extract are required to be used.

The interesting discovery has recently been made that blood rendered non-coagulable by the addition of leech extract resists putrefaction for a considerable time—as long as a month. This property cannot possibly be ascribed to any antiseptic action on the part of the extract, since it is in itself an excellent medium for the cultivation of many forms of schizomycetes. It must therefore be assumed that the extract produces changes in the blood. These changes may indeed be demonstrated under the microscope, which shows the leucocytes in a condition of higher vitality, mobility, and voraciousness than is the case in normal blood. These changes not only strengthen the leucocytes in their struggle against the pathogenic

microbes, but also make it possible to produce real immunity and even absolute protection from experimental infection.

Taka-Diastase.

The discovery of Taka-Diastase is due to a Japanese chemist named Jokichi Takamine. It is a very powerful amylotic ferment, formed during the germination of the fungus Eurotium oryza upon wheat bran. This ferment is capable of converting over one hundred times its weight of starch into sugar. The dose is from 1 to 5 grains. Taka-Diastase is recommended as a remedy in cases of amylaceous dyspepsia; its concentrated form and amylotic power should render it of great service in making carbohydrates soluble. Messrs. Parke, Davis & Co., 21, North Audley Street, Grosvenor Street, W., supply Taka-Diastase in powder and also in compressed tablets.

Hypodermic Pellets.

Messrs. Parke, Davis & Co., 21, North Audley Street, W., prepare compressed tablets of various drugs (aconitine, atrophine, cocaine, etc.), intended for the preparation of solutions for hypodermic use. They weigh about ½ grain each, and are readily soluble in water. The tablets are convenient on account of their portability; they possess also the great advantage of permanency.

Ambrosia.

Ambrosia is a mixture of 25 per cent. by weight of Devonshire cream with malt extract, prepared by Messrs. Evans, Gadd & Co., Fore Street, Exeter. This preparation is very palatable, its nutrient value is apparent, and in cases where cod-liver oil cannot be tolerated, it will form an excellent substitute.

Saxin Tabloids.

Saxin is the name given to a sweetening agent recently introduced. It is said to be 600 times sweeter than sugar, and to be harmless and permanent. Messrs. Burroughs, Wellcome & Co., Snow Hill Buildings, E.C., prepare tabloids of Saxin containing ¼ grain each. They are convenient for use as a sugar substitute in the case of patients suffering from diabetes, gout, etc.

Pass List.

Primary Fellowship Examination, May, 1897.

(Unofficial List).

C. T. Hilton, J. F. Northcott, W. B. Secretan, G. S. Simpson.

Examination for the License in Dental Surgery, May, 1897.

(Unofficial List).

C. E. Brown, E. C. Brown, P. H. Cook, A. Cooper, W. Floyd, S. Harrison, R. G. S. Holmes, J. M. C. Jacobs, A. E. Oddy, E. Picnôt, E. W. Smith, A. St. J. Styer, E. G. W. Wallis, C. A. Wilson.

Review.

Rough Notes on Remedies. By William Murray, M.D., F.R.C.P.

This book, which has entered upon a second edition, will be sincerely welcomed by the practitioner who yet believes that drugs are of real value in the treatment of disease.

Dr. Murray in his preface calls attention to the fact that many effects of drugs under varying conditions are unknown, and urges in the substance of his book that these effects vary very considerably, while it is the successful physician who recognises the particular needs. He further calls for experimental efforts in this direction, but when he quotes that "Dr. B." got good results with opium in uræmia, the reader pauses to ask if opium can be the cause of these "good results" except on the homœopathic principle that a minute or large dose of a poison producing effects of apparent similarity to those produced by the disease is the proper indication. Perhaps we are too eager for cause and effect, the alpha and omega of treatment.

Dr. Murray lays great stress on combinations of drugs; it appears that this art has been neglected of late years. The physicians of twenty years ago were well famed for their combinations, and many a man's reputation would rest on his acquaintance with this art. Nowadays the physician will place a patient on one drug and watch the reaction, if any; and another will mix together several in the hope that one may hit the loose nail; a third will prescribe a soothing place, trusting to nature the while.

Of the combinations mentioned in the book there is one recommended by indefinite pain or more definite neuralgia, a combination of Quinine, Belladonna, and Stramonium. With another, consisting of Pulv. Rhei. Co. Spir. Am., Aromat. Chloroform and Stramonium, happy results may be expected in the early stages of asthma.

Arsenic is extolled for chorea, especially in large doses, also for diabetes as a sequel to Codeia treatment, and for asthma in the convalescent stage.

Belladonna monopolises a whole chapter, and the remarks on its clinical aspects are of great interest. The author presses the drug even till poisonous symptoms appear in some cases, *e.g.*, of renal calculi. Its value in painful defæcation, dysmenorrhœa and typhlitis are fully substantiated.

Next comes Mercury, in connection with which the author laments the favour in which numerous cardiac tonics are held in comparison with this drug, which not only affects the heart indirectly but directly as well. Nitrate of Silver in epilepsy receives considerable notice, and the author then takes up "Our Mistakes." This last chapter deals with a mass of clinical material in a trite instructive fashion.

Few will read this book, so full of experience combined with fore and after-thought, without thanking the author. It comes, in fact, as a gift—we had almost said legacy—from a medical life to the profession.

Reminiscences by a Patient.

THE following letter has been received by an old Guy's Resident, and lent to us for publication, as showing the appreciation that some at least of the more thoughtful patients have of the careful nursing and attendance that they have received:—

DEAR SIR,—Just a line to let you know that I have arrived here safe and sound after a rather rough trip, but since arriving here I have had a little sickness, no doubt caused by the change of climate.

And now that I am feeling well again, I want to thank the faculty of Guy's Hospital for the wonderfully sucessful treatment and kind care given to me while suffering from pneumonia just seven years ago. I well remember the trouble I must have caused during the three relapses that I experienced inside of the ten weeks. I can remember how starved I felt, not receiving any solid food for about nine weeks, but I found that the doctor knew best. I cannot explain the treatment so well as your records show, but I remember how on the third relapse that the nurses had to bathe me in ice water to keep my temperature below 104, and on the second or third night (I am not sure which) the nurse, thinking that I was dying, called you to my bedside at two o'clock in the morning; you came and administered stimulants, and gave strict orders to the nurses to give me special attention.

I think it was five days after that that I was permitted to eat some bread and butter and an egg for the first time, and, how good it tasted after! I improved rapidly, was permitted to sit up half an hour the first day, but after being up fifteen or twenty minutes I begged to be put back to bed; but as time progressed I recovered and was permitted to leave on the 14th of April, 1890, after being in the hospital for fourteen weeks, from January 7th to April 14th, 1890. On your recommendation to go to a warmer climate, I sailed for the United States on the 14th of May, 1890, and must say that your judgment in the matter has been beneficial as you saw in my appearance when I called on you in last December, 1896.

I want to thank Miss H., who was then sister of Stephen's ward, for her kind and tender attention, and last, but not least, I want to thank you for the skilful, kind, and wonderful manner in which you handled my case. This, doctor, is not flattery, but the heart-felt gratitude of one who has benefited by the skill and careful treatment administered to one who was supposed to be suffering from a hopeless case. I understand you have a paper published in Guy's, and I should esteem it a favour if you would permit them to insert a copy of this letter so that their readers can see that former patients still hold Guy's Hospital and its faculty in the fond remembrance of their gratitude for the services rendered them.

And now wishing you every success in life, and hoping to see you well in 1900 A.D.,— I remain, yours respectfully,

15, Aberdeen Street, E. P.
Chicago, Illinois, U.S.A.
February 22nd, 1897.

Method of tying in a Catheter.

I HAVE lately found the following method better than any other for the purpose of retaining a catheter in the bladder. Tapes alone usually get hopelessly entangled, and plaster causes irritation at the base of the penis; the substitution of a linen "collar," which is made in a few minutes, secures the catheter without any inconvenience to the patient. First make a small "collar" out of a piece of bandage or old linen, roughly shaping it to the base of the penis, and sew the two ends. In this "collar" make four holes for the strings coming from the catheter to be fastened. To the "collar" stitch four pieces of tape at the most convenient angles, one pair is to be fastened to the usual bandage round the waist, the other pair passes under the thighs and is attached to the waist bandage also. These tapes fix the collar quite safely, and the catheter is fastened to the collar in the usual way by a couple of close hitches.

Oporto. W. FRANK COLCLOUGH.

Sport.

Cricket.

GUY'S v. BECKENHAM.

This match was played at Beckenham on May 1st, against a very strong side of the home club.

Beckenham won the toss, and we were kept in the field until they declared with a score of 226 for eight wickets.

We started fairly well, Nicholls and Hancock playing good cricket for their runs, but after they were dismissed a rot set in and we were all out for the miserable total of 77, the last six wickets adding five runs.

In the follow-on we lost two wickets for thirty-two. Scores:—

BECKENHAM.

F. D. Browne, c Alexander, b Nicholls	22
E. H. Simpson, b Hancock	101
P. Northcote, c Clarke, b Nicholls	12
C. O. Cooper, c Baker, b Nicholls	2
A. H. Marshall, b Hancock	3
F. Street, c Cohen, b Alexander	39
P. C. Baker, b Alexander	7
A. A. Torrens, not out	30
W. B. Baker, b Clarke,	7
W. R. Stratton and A. A. Baker did not bat.	
Extras	3
Total	226

GUY'S.

	1st Innings.	2nd Innings.
F. J. Nicholls, b W. B. Baker	23	
A. E. Clarke, b Northcote	11	
K. B. Alexander, c Browne, b Northcote	4	

W. I. Hancock, c Street, b Stratton	24	
F. C. Wetherell, c Browne, b Northcote	7	
K. V. Trubshaw, b Northcote	0	c Northcote, b W. B. Baker 16
E. Cohen, s P. C. Baker, b Stratton	0	
L. Humphry, c P. C. Baker, b Stratton	3	
H. M. Barker, b Stratton	2	not out 8
W. G. Palmer, c Browne, b Northcote	0	
H. Durbridge, not out	0	c Cooper, b W. B. Baker 8
Extras	3	0
Total	77	32

GUY'S v. SURBITON.

This match was played at Surbiton on May 8th. Guy's won the toss, but could only score 125, although the Surbiton bowling was only quite moderate. Alexander was top scorer with a good innings of 51, while towards the close Barker hit well for 22 not out.

Surbiton started very well and with four wickets down had reached 112. The next wickets did not add many runs, and the eighth wicket fell at 120, but Ricketts who came in tenth man stayed until the Guy's total had been passed, and the next wicket fell at 142; the last wicket did not add any runs, and so we were beaten after a somewhat exciting finish by 17 runs. Scores:—

GUY'S.

	1st Innings.	2nd Innings.
F. J. Nicholls, b Worsley	11	
A. E. Clarke, c Fireman, b Ricketts	12	
K. B. Alexander, c Newton, b Worsley	51	
F. C. Wetherell, b Worsley	7	
K. V. Trubshaw, c Ricketts, b Worsley	2	c Newton, b Windeler 0
G. P. Joy, c Bailey b Worsley	2	c Worsley, b Bailey 9
L. Humphry, b Worsley	0	not out 19
H. M. Barker, not out	22	
C. F. Whitcombe, c Forsyth, b Ricketts	12	c & b Bailey 0
T. Morgan, b Windeler	5	c Bailey, b Castle 24
W. G. Palmer, c Forsyth, b Windeler	0	b Bailey 8
Extras	1	6
Total	125	66

SURBITON.

J. F. Newton, b Wetherell	30
C. B. Windeler, c and b Nicholls	13
G. Brann, s Humphry, b Wetherell	20
C. B. Worsley, b Clarke	28
P. Castle, b Clarke	15
G. W. Fireman, not out	10
C. F. Nesham, b Clarke	0
W. F. Forsyth, b Nicholls	0
H. Forsyth, b Clarke	1
G. W. Ricketts, c Morgan, b Clarke	14
Rev. C. R. Bailey, b Whitcombe	0
Extras	11
Total	142

GUY'S v. CRYSTAL PALACE.

This match was played at the Crystal Palace on May 15th. The Palace won the toss and commenced batting on a perfect wicket. The first three wickets put on 90 runs; the next five wickets fell for an additional 39, and it looked as if they would be all out for a small total, but thanks to some hard hitting by Lulham, and luck, the next wicket added 70 runs, and the full total was 209. The Guy's fielding on the whole was good, and Humphry was in particularly good form behind the sticks.

Guy's had not any too much time in which to make the runs, but some rapid scoring on the part of Nicholls, Clarke and Alexander, put us well ahead of time and enabled us to win comfortably by 13 runs and a wicket. Besides those above mentioned, Wetherell, Joy and Barker played well for their runs. The batting of the team was a welcome change after the poor display of the two previous Saturdays. Scores:—

CRYSTAL PALACE.

H. Colegrove, c Humphry, b Wetherell	26
E. G. Turner, lbw, b Nicholls	55
J. C. Mallam, c Nicholls, b Clarke	14
C. Mitchell, b Clarke	4
F. H. Nelson, b Nicholls	12
Dr. W. F. Umney, b Clarke	6
A. Cosens, not out	26
A. F. Todd, c Humphry, b Clarke	0
H. W. Currey, b Clarke	4
E. H. Lulham, c Clarke, b Alexander	43
F. A. Wombwell, b Clarke	7
Extras	12
Total	209

GUY'S.

F. J. Nicholls, b Lulham	36
A. E. Clarke, c Umney, b Lulham	50
K. B. Alexander, b Cosens	51
F. C. Wetherell, lbw, b Cosens	25
K. V. Trubshaw, lbw, b Cosens	9
P. G. Joy, c Wombwell, b Cosens	12
H. M. Barker, c Colegrave, b Lulham	12
T. Morgan, c Wombwell, b Cosens	1
H. Grellet, b Colegrove	1
C. F. Whitcombe, not out	6
L. Humphry, did not bat.	
Extras	19
Total for nine wickets	222

GUY'S II. v. CROYDON II.

At Honor Oak on Saturday, May 8th, the second eleven played its first match. The result, a draw, was on the whole satisfactory, and the team promises to be well up to the average of previous years. Durbridge proved in excellent form with the bat, and his not-out century was a fine example of free vigorous hitting. Butler and Hughes also did well in that department. When Durbridge reached his hundred, the innings was closed, leaving Croydon an hour and a half to bat. We were unable to get them out in that time. Cowper and M. C. Wetherell seem likely to prove useful with the ball. Scores:—

GUY'S.

J. T. De Coteau, b Smith	0
H. A. Butler, b Drage	28
A. Hughes, c Smith, b Belch	19
H. Durbridge, not out	103
H. A. Gaitskell, c Lavers, b Drage	5
M. C. Wetherell, b Drage	0
C. M. Cowper, b Drage	9
F. E. Walker, not out	7
F. R. Featherstone, E. G. Goddard, F. J. Turner, did not bat.	
Extras	18
Total	189

CROYDON.

P. T. Smith, b Turner	64
C. P. Wicks, b Cowper	0
J. A. Archer, c De Coteau, b Goddard	0
N. Lavers, lbw, b Cowper	0
G. F. Long, b Hughes	15
G. Hawke, b Wetherell	8
R. Archer, not out	5
C. P. Woolcott, not out	0
E. H. Belch, A. E. Drage, A. A. Bush, did not bat.	
Extras	8
Total	100

GUY'S II. v. LONDON HOSPITAL II.

Played at Honor Oak on Wednesday, May 12th. Guy's won by three runs, after a most exciting finish. Scores:—

LONDON.

W. A. Campbell, b Wetherell	33
D. Cruikshank, c Durbridge, b Cowper	4
A. P. Blake, c Butler, b Cowper	1
R. C. Turnbull, b Hughes	0
E. M. Hearn, lbw, b Cowper	21
D. S. Skelton, run out	19
H. P. Croxby, b Cowper	6
W. H. Best, b Wetherell	4
C. White, b Wetherell	0
C. Marsh, not out	13
W. Vaile, run out	4
Extras	22
Total	127

GUY'S.

M. C. Wetherell, lbw, b Campbell	4
A. Hughes, b Campbell	0
H. A. Butler, c White, b Hearn	1
H. Durbridge, b Marsh	49
H. R. Grellet, b Hearn	10
C. Whitcombe, run out	32
J. T. De Coteau, b Marsh	4
F. J. Turner, b Campbell	3
J. Harris, b Campbell	0
C. M. Cowper, not out	6
T. M. Walker, b Campbell	5
Extras	16
Total	130

GUY'S II. v. HOSPITAL SERVANTS'.

Played at Honor Oak on Saturday, May 15th. Durbridge again played an excellent innings of 50. Hunter took five wickets for five runs, and De Coteau and Hughes had no runs knocked off them. Scores:—

GUY'S.

H. A. Butler, hit w, b F. Mason	0
J. T. De Coteau, b F. Mason	16
A. Hughes, b F. Mason	7
P. D. Hunter, b Andrews	5
C. M. Cowper, b Osborne	19
G. Slater, b Scrace	13
H. A. Gaitskell, run out	1
H. Durbridge, b Osborne	50
F. E. Walker, lbw, b Scrace	1
G. Shorland, not out	25
A. A. Smith, c & b Jaggle	2
Extras	21
Total	160

HOSPITAL SERVANTS'.

F. Mason, b Cowper	1
Curtis, b Hunter	5
Andrews, c Butler, b Hunter	0
Scrace, b Hunter	4
Bell, b Hunter	0
Osborne, b Hunter	0
C. Mason, b De Coteau	11
Lyons, lbw, b Cowper	0
Jaggle, b Hughes	0
Burt, b De Coteau	1
McCarthy, not out	0
Extras	9
Total	31

United Hospitals' Cricket Club.

At the Annual General Meeting held in Guy's College Smoking-room on May 13th, Mr. Rose (Bart.'s) was elected secretary and Mr. A. E. Clarke (Guy's) treasurer for the next year. The following draw for the Cup ties was made:—

FIRST ROUND.

A. London v. Bart.'s.
B. Charing Cross v. University.

SECOND ROUND.

C. Winner of A v. Winner of B.
D. Thomas's v. King's.
E. Mary's v. Guy's.
F. Middlesex v. Westminster.

THIRD ROUND.

G. Winner of C v. Winner of D.
H. Winner of E v. Winner of F.

FINAL.

Winner of G v. Winner of H.

Football.

The Annual General Meeting of the Football Club was held in the Anatomical Theatre on Thursday, May 20th, Mr. Colley in the chair. After the season's reports had been read by the retiring secretaries, the meeting proceeded to elect officers for the next season. The following were appointed:—

RUGBY.

President: J. N. C. Davies-Colley, M.A., M.Ch., F.R.C.S. Captain, 1st XV.: F. C. Wetherell. Secretary: H. V. Bagshawe. Captain, 2nd XV.: E. R. Rowe. Captain, 3rd XV.: J. Dadd. Committee: E. G. Goddard, F. L. Rae, H. N. Clarke, F. G. Gibson, A. C. Ransford.

ASSOCIATION.

President: J. N. C. Davies-Colley, M.A., M.Ch., F.R.C.S. Captain, 1st XI.; L. Humphry. Secretary: R. W. B. Hall. Captain, 2nd XI.: D. G. Greenfield. Committee: J. C. MacAlpin, W. M. Robson, P. S. Mandy, A. R. Thomas, E. A. Longhurst.

The meeting closed with a vote of thanks to the chairman.

Guy's Hospital Lawn Tennis Club.

GUY'S v. THE BOUNDARIES, BALHAM.

This, the opening match of the season, was played at Honor Oak on May 8th, and resulted in a win for the Hospital by 6 matches to 3; 12 sets to 6; 92 games to 71. Roland and Williams beat Johnstone and Carter, 6–1, 8–6; beat Francis and Hogg, 6–0, 6–1; beat Lawford and Peak, 6–4, 6–2. Mandy and Lacey beat Peak and Lawford, 6–4, 6–3; lost to Johnstone and Carter, 6–2, 6–4; beat Francis and Hogg, 6–2, 6–3. Swan and Turner beat Francis and Hogg, 7–5, 6–4; lost to Peak and Lawford, 6–4, 6–3; lost to Johnstone and Carter, 6–1, 6–3.

GUY'S v. CHISWICK.

This match was played at Chiswick Park, and resulted in an easy win for the home club by 8 matches to 1; 15 sets to 5; 120 games to 83. Williams and Fremantle lost to Meers and Mulliner, 6–1, 7–5; lost to Dickens and Dickens, 4–6, 6–1, 6–3; lost to Johnstone and Percival, 6–1, 6–3. Rowland and Ransford beat Dickens and Dickens, 9–7, 6–4; lost to Johnstone and Percival, 6–3, 6–3; lost to Meers and Mulliner, 6–4, 7–7. Mandy and Lacey lost to Johnstone and Percival, 6–4, 6–2; lost to Meers and Mulliner, 5–7, 7–5, 6–4; lost to Dickens and Dickens, 7–5, 6–4.

GUY'S v. HORNSEY.

Played at Honor Oak on Saturday, May 15th. Only four members of the Hornsey team put in an appearance, so that our third couple was deprived of an afternoon's sport.

DOUBLES: Williams and Rowland beat Sloper and Sloper, 6–0, 6–4; beat Taylor and Donisson, 7–5, 6–4. Mandy and Lacey lost to Taylor and Donisson, 6–2, 4–6, 6–3; lost to Sloper and Sloper, 6–3, 4–6, 6–3.

SINGLES: Williams beat E. Sloper, 6–2, 1–6, 6–4; Rowland lost to Taylor, 4–6, 6–4, 7–9; Mandy beat Donisson, 6–0, 1–6, 6–4; Lacey beat T. Sloper, 6–2, 10–8.

A general meeting of the United Hospitals' Lawn Tennis Club was held at St. Bartholomew's Hospital on May 17th. E. W. S. Rowland (Guy's) was elected honorary secretary for the present year. The following rule was passed:—"Members shall be eligible to play in the Inter-Hospital Cup ties for *five* years from the date of commencement of medical study at their respective hospitals."

The dates for the Cup ties were fixed for June 28th and July 3rd, at Chiswick Park Club Ground. The accounts showed a balance of £3 10s. 11d.

Water Polo.

GUY'S v. GRAFTON S.C.

This match was played at Southwark Baths on Wednesday, May 12th, and resulted in an easy win for the hospital by seven goals to nil. The names of the men comprising the hospital team have not reached us.

Guy's Hospital Rifle Association.

GUY'S v. ST. MARY'S HOSPITAL.

This match was shot at Ilford on Tuesday last, May 18th, and resulted in an easy win for us by nearly 50 points. It was originally intended to shoot at three ranges, but shortness of time compelled us to limit the match to 200 and 500 yards only. Nearly all our men made fair scores, the average being well over 50; Moss almost making the "highest possible" at 500 yards. Indeed, had he not had the bad luck to make an inner (close on the bull) his last shot but one, he would have succeeded in doing so. Scores:—

GUY'S.	200	500	Agg'te.
A. Pearson	30	28	58
S. Hodgson	27	18	45
B. W. Moss	28	34	62
D. S. Trail	28	27	55
T. R. Beale-Browne	28	25	53
W. B. Secretan	27	26	53
			326

ST. MARY'S.

	200	500	Agg'te.
L. T. Wells	26	27	53
H. C. Jones	26	21	47
W. A. Trumper	21	26	47
P. B. Spurgin	24	30	54
H. C. Tayler	21	25	46
E. C. Naggiar	19	11	30
			277

The Hospital "Blue."

The following men have been awarded their Blues:—

RUGBY.

A. C. Ransford. D. H. Trail.
F. S. Hunter. J. N. Gardiner.
F. E. Walker. A. A. Smith.
E. Cohen. E. H. Wall.

ASSOCIATION.

W. M. Robson. C. F. Whitcombe.
J. G. McAlpin. M. H. Thornely.
A. Hughes. R. H. Swan.

The Hospital Colours.

A slight error crept into our issue of April 24th in the price list of the hospital colours, as supplied by Messrs. Benetfink & Co.:—

For Sash, 22 inches, 6s. 6d., *read* Sash, 32 inches, 6s. 6d.

Appointments.

HOUSE APPOINTMENTS.

Clerks to the Anæsthetists.—Messrs. P. C. Higgins, A. J. Hull, C. H. Mossop, H. D. Peile, E. W. H. Shenton, W. K. Wills.

Externs.—Messrs. H. N. Collier, R. J. Pritchard, W. S. Richardson.

DENTAL APPOINTMENTS.

Dressers in the Gas Room (for June, 1897).—Messrs. A. C. Carpenter, E. B. Marshall-Frost, C. B. Stainer, E. Stringfellow, and B. J. Sumerling.

Dressers in the Ordinary Extraction Room (for June, 1897).—Messrs. A. A. Bartholomew, A. J. Gwatkin, A. Hughes, G. J. Lewis, S. H. Olver and T. F. Ryan.

Junior Dressers in the Conservation Room (for June, 1897).—Messrs. E. G. Walton and C. F. Witcombe.

CIVIL.

BEDDARD, F. E., M.A., F.R.S., has been appointed an Examiner in Comparative Anatomy and Zoology at the London University.

DAVIES, H. A. B., L.R.C.P. Edin., M.R.C.S. Eng., has been appointed a Public Vaccinator for South Australia.

DAWSON, W. J. O., L.D.S. Eng., has been appointed Dental Surgeon to the Southampton Dispensary.

FAWCETT, JOHN, M.D., B.S., M.R.C.P. Lond., F.R.C.S. Eng., has been appointed Assistant Physician to the Royal Free Hospital.

FINCH, A. H., L.D.S., has been elected Honorary Dental Surgeon for the Western Branch of the Brighton, Hove and Preston Dispensary.

HORROCKS, P., M.D., F.R.C.P., has been appointed Examiner in Obstetric Medicine at the London University.

STAMPER, GEOFFREY C., M.R.C.S. Eng., has been appointed Medical Officer for the No. 4 Sanitary District of the Pembroke Union.

STEVENSON, T., M.D., F.R.C.P., has been appointed Examiner in Forensic Medicine at the London University.

TAYLOR, FREDERICK, M.D, F.R.C.P., has been appointed an Examiner in the Practice of Medicine at the London University

THOMAS, D. W., M.R.C.S., L.R.C.P. Lond., has been appointed Senior Assistant House Surgeon to the Huddersfield Infirmary.

WHITE, W. HALE, M.D., F.R.C.P., has been appointed an Examiner in Materia Medica at the London University.

NAVAL.

SURGEON C. M. BEADNELL, R.N., has been appointed to the *Powerful*, and SURGEON WALTER J. BEARBLOCK, R.N., to the *Renown*.

MILITARY.

SURGEON-CAPTAIN C. M. FLEURY, A.M.S., has been placed at the service of the Bombay Government for employment on Plague duty.

GEORGE BLACK, M.B., is appointed Surgeon-Lieutenant in the 2nd Volunteer Battalion the Royal Sussex Regiment.

Births.

HEARNDEN.—On April 29th, at Rose Cottage, Leatherhead, the wife of Walter C. Hearnden, M.R.C.S., of a daughter.

PENNELL.—At Buenos Ayres, on May 12th, the wife of G. H. Pennel, M.D., F.R.C.S., of a daughter.

THOMSON.—On May 7th, at 243, Queen's Road, New Cross Gate, S.E., the wife of David Thomson, L.R.C.P. Edin., L.R.C.S. Edin., L.F.P.S. Glasg., of a son.

Marriages.

PAGET—PARKES.—On May 6th, at the parish church of Wittersham, by the Ven. R. Long, M.A., Archdeacon of Bishop Auckland, assisted by Canon Whitehead, M.A., B.D., Vicar of St. Peter's, Isle of Thanet, and Proctor for the Clergy of the Diocese of Canterbury, Peter Paget, M.R.C.S., L.R.C.P., of Westbourne, Tenterden, Kent, eldest son of Peter Paget, of Croydon, to Millicent Mabel, second daughter of the Rev. S. Hadden Parkes, M.A., Rector of Wittersham, and Rural Dean of South Lympne.

FIDO—TREACHER.—On May 13th, at Christ Church, North Brixton, by the Rev. W. R. Mowll, M.A., Adamson Fido, M.R.C.S., L.R.C.P. Lond., of Raleigh, Arodene Road, Brixton Hill, S.W., to Ethel May, eldest daughter of George Treacher, of Wierfield, Loughborough Park, Brixton, S.W.

ED.—F. E. F.

Calendar of Coming Events.

June.

Sat. 5.—Mr. Howse's take-in; Ds. A. C. Ambrose and R. J. Pritchard; Cl. J. N. Gardiner.
G. H. C. C.—I. Brentford, home.
II. City of London School, Beckenham Hill.
Hos.-Sch. C. C. Strand House.
G. H. B. C. ... Godstone, Brixton Church.
G. H. L. T. C... Brixton Wanderers, II., away.
Last day for applying for Dental House-Surgeon, Assistant Dental House-Surgeon, and other appointments, from July to Dec. 31st, 1897.

Sun. 6.—Whitsun Day. Services in Chapel at 7, 8.40, 11 a.m., and 7 p.m.

Mon. 7.—Bank Holiday. Medical Office closed.
G. H. C. C.—I. Past v. Present, home.
G. H. L. T. C... Past v. Present, home.
Hos.-Sch. C. C. Hospital and School (all day match), Ivy.

Tues. 8.—July appointment list closed.
12 noon, Mr. Rowell's Dems. on Anæsthetics.

Wed. 9.—Mr. Davies-Colley's take-in; Ds. H. P. W. Barrow and F. L. Rae; Cl. R. W. Mayston.
1.30, Clinical Lecture by Dr. Perry on "Some Skin Diseases."
G. H. B. C. ... High Wycombe (U. H. C. A.), Hyde Park Corner.
G. H. L. T. C... Hornsey, away.

Thur. 10.—Application to Medical Office for schedules for the Second Conjoint Exam. not later than this date.
Last day for applying for Assistant Demonstratorship in Anatomy.
G. H. C. U... Address by Rev. T. H. Darlow.

Fri. 11.—1.30, Clinical Lecture by Mr. Jacobson.
G. H. S. C.—I. Ealing S. C., Ealing.

Sat. 12.—G. H. C. C.—I. Bickley, Bickley.
II. London Hos. II., Edmonton.
Hos.-Sch. C. C. Marlboro', Ivy.
G. H. B. C. ... St. Mary's Cray, Marquis of Granby.
G. H. L. T. C... Surbiton.

Mon. 14.—Last day for applying to Registrar for forms of entry for Prelim. Scientific Lond. Exam.
G. H. S. C.—I. Otter S. C., Southwark.

Tues. 15.—12 noon, Mr. Rowell's Dems. on Anæsthetics.
4.45 p.m., Guild of St. Barnabas for Medical Students. Annual Meeting at 35, Brook Street, Holborn.

Wed. 16.—Mr. Lucas's take-in; Ds. L. E. C. Handson and A. H. B. Kirkman; Cl. H. J. Starling.
Schedules for Third Conjoint Exam. to be left at the Medical Office not later than this date.
1.30, Clinical Lecture by Dr. Perry on "Some Skin Diseases."
G. H. C. C.—II. Tonbridge II., Tonbridge.
G. H. L. T. C... Chiswick (5 p.m.), Chiswick.
G. H. B. C. ... U. H. C. A. v. Oxford University, Oxford.

Thur. 17.—G. H. C. W.—Missionary Meeting. Address by Rev. George Cousins.

Fri. 18.—G. H. S. C. ... Cambridge University, Southwark.
1.30, Clinical Lecture by Mr. Jacobson.

Sat. 19.—G. H. C. C.—I. Eastbourne, Eastbourne.
II. Granville Lee II., home.
Hos.-Sch. C. C. Alexandra Hall, Penge.
G. H. B. C. ... Windsor, Hyde Park Corner.

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Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied by the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Any o our Subscribers who may be desirous of having their numbers of the GAZETTE *bound should leave them with the Librarian.*

The annual Subscription to the GAZETTE *is* 6s. 6d.; *post free,* 7s. 6d. *All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, SECRETARY'S OFFICE, GUY'S HOSPITAL.

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING AND SIXPENCE.

Guy's Hospital Gazette.

JUNE 5, 1897.

WE present to-day to our readers a special number, designed with the two-fold object of faithfully recording, for the benefit of Guy's men, the events connected with the opening of the New Medical School Buildings and of drawing the attention of those who may thereby be induced to become Guy's men to the manifold advantages which this school of medicine has to offer to intending students.

The first object needs no apology. Everybody who loves the name of Guy's will be glad to possess a permanent record of the circumstances surrounding the first official visit to their Alma Mater by a member of the Royal Family. The lay press has generously treated the occasion, but it was obviously impossible that they should spare space for a verbatim account of the speeches delivered upon what is after all

a matter of professional rather than general interest. This we are enabled to do for our readers, and withal to embellish our report with illustrations and special descriptions that have not appeared elsewhere.

Turning to the other function of our special number, we are fain to admit that we wish that the necessity of advertisement did not exist. In the good old days that are gone, when medical education cost nothing but time to the teachers, it was possible to keep silence, and to trust to the reputation of the staff to attract a sufficient number of students to efficiently perform the duties of dressers and house-surgeons in the wards. Now that the great development of practical teaching necessitates the erection of expensive buildings, constant payments on account of the upkeep of laboratories, and the support of an army of servants, it is necessary to make known to the world where these advantages may be the best obtained, in order to ensure that the medical school shall not become a fatal drag upon the hospital staff. Indeed, advertisement is the basis of competition, and competition is at the root of progress. Not only does a numerous staff necessitate advertisement, but advertisement compels a numerous and efficient staff with the best advantages at their hand. And thus, if it is admittedly the more pleasant to work leisurely and in silence, it is certainly our duty to progress, and to enter into competition in the open market with the other great historic medical schools. H.R.H. the Prince of Wales has called public attention to these matters, and has invited wealthy philanthropists to devote some of their wealth to the endowment of medical education. If, while drawing the attention of the profession generally to the great advantages which students at Guy's will derive from the new physiological and other laboratories erected at the cost of the medical staff, we at the same time are enabled to bring home to general practitioners that it is their duty to persuade their wealthy patients to build museums, found research laboratories, and endow lectureships in connection with the medical school at which they received their education, we shall feel that our advertisement is amply justified.

WEDNESDAY in last week will be memorable in the annals of Guy's, not only as the occasion of a Royal visit, but as the opportunity of proving both to the world at large and also to ourselves that our School has turned over a new leaf and is progressing, so far as can at present be seen, in the right direction. Since the founding of the Medical School by Sir Astley Cooper in 1825, the number of entries has steadily increased, while the laboratory accommodation has stood still. It was no wonder that men who came up to look round the hospitals were frequently deterred from entering at Guy's. Rather is it a wonder that Guy's has more than held its own ground, and has educated not only some of the most brilliant physicians and surgeons, but also a very large number of general practitioners of more than ordinary merit. Latterly, however, a great movement forward has been made. Five years ago Petersham block was opened, including a splendidly-equipped chemical laboratory, smaller but most convenient physical and bacteriological laboratories, and an unique suite of rooms for the dental school, it having been determined by the authorities that dentistry was a branch of surgery and that dental education should be part of the work of a general hospital. At the same time the old chemical laboratory was set free for work in public health and sanitary science; and it is there that the well-attended courses of practical bacteriology, of which Guy's can now make special boast, are being held. At about the same time the College was opened and the Honor Oak Park ground, which is now the apple of our eye, was bought; and in both respects students at Guy's are infinitely better off than most of their kinsmen in the profession. A further stride has now been taken; and our medical school can boast of the most complete physiological establishment of any hospital in London, and of a lecture theatre of which it would be difficult to find the equal.

Meanwhile, according to an interesting article in "Belgravia" for this month, Guy's numbers as many in-patients in the year as any hospital in London except the London Hospital. Forty more beds have been thrown open, and there is every prospect of the rest following within the next few years. The number of clinical appointments has been greatly increased, while the liberty and responsibility given to a Guy's dresser offer a far greater field of experience than is the case in many schools of medicine. In fact, not only is Guy's medical school not overcrowded, but without any additional opening of beds there is already far more than enough to be done for those who wish to do it.

The Spirit of Progress is abroad in our midst, and the prosperous future of our Hospital and Medical School seems assured.

Hepatic Abscess.

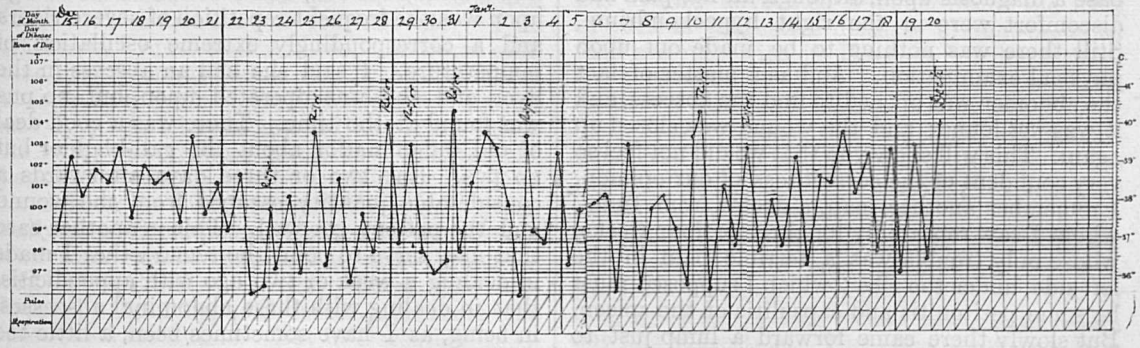
CLINICAL LECTURE BY DR. GOODHART.

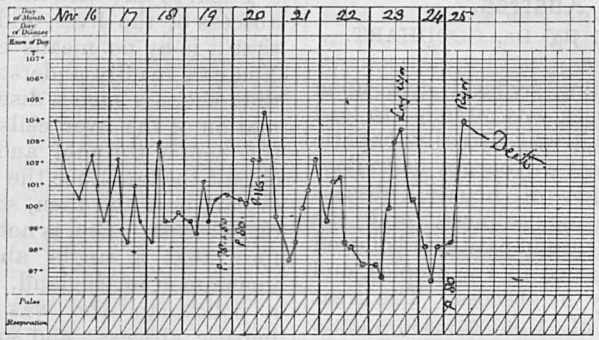
THE case of suppurating hydatid cyst upon which I lectured last week was intended to lead up to the subject of, as it was virtually, hepatic abscess; and that subject will occupy us to-day.

There are two kinds of hepatic abscess described—the single or tropical, and the multiple or pyæmic. Acute hepatitis is believed to be a very real occurrence in the tropics, and it ends very frequently in abscess. The great argument in favour of this disease—acute hepatitis—would appear to be that the liver is known to swell up to a large size very rapidly, within a very few hours, associated with much pain and constitutional disturbance; and under appropriate treatment, such as leeches, sometimes puncture by an aspirator, and the internal administration of free doses of chloride of ammonium the swelling will rapidly subside again, and no suppuration results. Now, acute swelling of the liver of this kind is a disease that we never see in England. But we are familiar over here with another disease with which I would link it, and that is the common one called cirrhosis. I do not know whether these two conditions have anything in common, but some years ago when lecturing on pathology I used to like to throw out the suggestion that alcohol acted upon the liver in different ways. Over in the tropics where vegetation is luxuriant, the *animal cell* may be so too, and the liver, worried by alcohol or other poisons, shows its inflammation in the luxuriant processes of abscess, or acute hepatitis. Over here, under similar exciting circumstances we produce the hardy perennial we call cirrhosis; and up in the northern parts of the British Isles where the "best Scotch" runs like water on a Sunday afternoon, I don't know what happens. Cirrhosis, at any rate, is not a common disease.

I deal to-day with the single, so-called tropical, abscess of the liver, and first of all have to say that it is by no means confined to the tropics. You can readily understand that, for admitting that there is such a disease as an acute inflammation of the liver cells, it is still obvious that the septic thrombi and emboli in the portal circuit that produce the *multiple* abscesses, will, or can, now and then, stop at the production of one abscess. One is not surprised to find, therefore, that a single abscess is by no means uncommon in England. Many years ago I saw a policeman who was supposed to have an hepatic abscess; and so he had—one large one in the right lobe of the liver, and the cause of it was traced to the cæcal appendix, where there was an ulcer in the tip. Not so very long ago I saw a nurse with Mr. Meredith whom we thought had an abscess in the liver, and so she had. The cause in this instance was not so certain, but probably it was due to suppuration of the gall-bladder; and altogether of thirteen cases that I have looked up from my notes for this lecture five had never been abroad.

Symptoms.—I shall not dwell long upon these. They are chiefly pain in the right side, mostly of, I think, a deep-seated, boring or distending bad distressful character that allows of no ease. Sometimes it is stabbing. Next may come swelling—sometimes very great, rounding out the right side, bulging the ribs, causing later on œdema of the chest-wall, and corresponding dulness over the affected area. Jaundice varies much: it may be absent; it is seldom much; it is mostly a sallowness, with a little icteric tinge of the conjunctiva. Then there are rigors and fever. And of all these I am inclined to lay most stress upon the last two as the most constant and characteristic. The rigors are usually very severe, and the fever of an exaggerated hectic type. Two charts may serve to impress these points more upon you; one





from the nurse I mentioned just now, and the other from a man to be mentioned again directly.

Now, you might think that after all this, abscess of the liver was easy enough to diagnose. Instead of that I have to say that it is very often exceedingly difficult. Let me mention a few cases within my memory. I saw with Dr. Arthur Roper some years ago, a young man who had come over from the continent after an attack, I think, of dysentery, and there he was with fever of no characteristic type. I don't think there was any shivering, at any rate nothing pronounced; but he had pain, and a little fulness, a little to the inner side of the gall-bladder. He remained like this for a week or two without our being sufficiently sure enough to justify aspiration, and then one day he suddenly evacuated an abscess by the lung, and its hepatic origin was sufficiently proved by the expectoration also of bile, about which I was a little anxious, as I said in my last lecture, because in a former case I thought the passage of bile along the bronchial tubes through the lung had been the determining cause of a man's death.

In the nurse already mentioned, had it not been that the rigors were persistent and the temperature very remittent, there was little to base a diagnosis upon, although all her pain and discomfort were in the right hypochondrium. Still there was nothing to be made out upon physical examination. And as a matter of fact the abdomen was opened to find the abscess, and it was *not* found; and the wound was closed up again. This will show you that we did not feel so very confident of the correctness of our opinion. I remember another man, a doctor from India, whom I saw repeatedly for three or four weeks, whose only trouble was a terrible pain in the left side, under the ribs; which I supposed must be some peritonitis and capsulitis of the spleen. But slowly there came forward a lump just to the right of the left hypochondrium; fluctuation occurred; an opening was made and a large amount of chocolate-coloured pus was evacuated from an hepatic abscess, from which in due time he quite recovered. In a yet more recent case I found a man with, as I thought, marked fulness and some œdema of the right side of the chest. There was no characteristic fever or shivering in this case but there was a very characteristic pain, and I had no doubt that he had an abscess in his liver, and in this opinion Dr. Lauriston Shaw concurred. One of my colleagues was asked to aspirate it, but when he got there he was not sufficiently sure of my œdema of the chest-wall, and he thought it better to wait till we could see him again together. When this time arrived, in twenty-four hours or so, the man was decidedly better, and then I was not so sure as I had been; so a further postponement took place that lasted for several weeks, and we began to think he was going to get well by masterly inactivity. But one day he began to spit up a quantity of blood-coloured pus, and continuing to do so the abscess had to be opened after all, and after a long illness he has quite recovered. And yet once more, I saw a lady who had had an attack of jaundice and I think some symptoms of gall-stone. The icterus had almost subsided, and all that I had to go upon was the frequent repetition of severe rigors and a correspondingly extreme oscillation of temperature. I said she had an abscess in the liver and she was operated upon, but no pus was found at the time. There was a good deal of old inflammation about the gall-bladder but no pus. But two or three days afterwards a considerable quantity escaped from the wound and the patient got well. This is another case that may serve to point the remark that I made in dealing a week or two ago with appendicitis, that in dealing with these abdominal abscesses, in being, as I have sometimes been, a little too

early, one has by no means done an unnecessary operation. On the contrary, an operation of this kind is a very pressing invitation for pus that is inside and cannot readily be reached, to come out into the open along the line of least resistance thus afforded.

Abscesses in the right lobe of the liver—their most common seat—if they open spontaneously usually make their way into the lung. But there is a man now in Clinical who gives a history of a recent hepatic abscess opening into the bowel. My own experience of these spontaneous openings has certainly been favourable; for they have most of them got well.

Duration.—It is said that an hepatic abscess may last as long as three years, and I believe it. Some years ago I made a post-mortem upon a gentleman in whom the evidence pointed to an abscess of the brain having existed for several —I think it was many—years. And an abscess was found which had extremely thick walls, which is, I think, now in our museum. Now, hepatic abscesses sometimes have similar thick walls, and it is easy to understand that when so, the contents of the sac may become shut off from the circulation both of blood and lymph and remain quiescent so long as they remain free from any recurrent inflammation. I have notes of an interesting case that illustrates this possibility.

In September, 1893, I saw a man who had been camping out on the banks of the Medway, and who had got into a curious febrile state, vomiting, a little jaundiced, remarkably drowsy, and with a dry glazed tongue, such as would suggest typhoid fever. This was the point: Was it typhoid fever? Well, I declined to give the disease a name. Do not give particular symptoms a name, gentlemen, if you do not know what they mean. If you call a thing measles in a hurry because you want to please the public, or show how clever you are in diagnosis, and it turns out to be scarlatina, you look ten times worse a fool than if you had said, "I do not know, I must wait and see," or worse still, have to put forward some very crooked kinds of truth to keep your reputation straight. In this case I did not know, and did not much think the case was typhoid fever, so I adopted the diagnosis of the friends, that the poor man had "a chill on his liver," and which, joking apart, really seemed possible. I heard of the patient after some weeks that he had gone through a long illness, and that that illness had undoubtedly been typhoid fever, and there the case rested for a time. But in December, 1894, —fifteen months after my first visit to him— I went into the country to see the same man again. And there he was, in precisely the same condition as when I had seen him before, except that now he had considerable enlargement of the liver which, with the long history, had been supposed might possibly be cancer.

I then learned that he had never really been well since the former illness, and on looking at the temperature chart of that time it was very unlike any case of typhoid fever. And it seems to me nearly certain that the illness, with the better and worse, had really existed all the time, and that what he had in September, 1893, that he had now in December, 1894. When we came to examine him, although there was certainly much enlargement of the liver it was a *soft* enlargement, and much more like natural liver texture, apparently, than carcinoma, and taken in conjunction with his previous history an abscess of the liver seemed the more probable diagnosis. The liver was explored and some pus drawn off by the syringe, and an opening was afterwards made and the cavity emptied. Unfortunately the case turned out to be one of multiple abscesses, and he ultimately died some three months after the operation. Thus it would appear that even with multiple abscesses—a condition it may well be thought more unfavourable to the prolongation of life than the solitary abscess—life was prolonged for eighteen months.

Treatment.—In any case of acute hepatitis threatening abscess, if you should meet with such, in the tropics or elsewhere, large doses of chloride of ammonium, free leeching to the affected part, and possibly aspiration with a fine needle, are the proper measures to pursue. And from the frequency with which aspiration, *unattended* with the withdrawal of pus has been followed by the subsidence of all acute symptoms, I am inclined—without, it must be confessed, much actual experience of its effects—to look favourably upon its remedial action. The late Dr. Harley advocated a puncture of the liver in various congestive diseases of that organ as they are met with in England. I don't think the suggestion has found any supporters in this country; and one cannot but think it is a method of treatment that is not without danger. But still, if you should find yourselves in the presence of a dangerous malady, a dangerous remedy may be worth a trial if it offers any prospect of relief, and I am not sure that this may not be the case occasionally with a puncture in cases of hepatic disease. Not so long ago I saw a lady whose case rather bears out this suggestion. The patient suffered from advanced cirrhosis; she had been tapped two or

three times and yet was passing into an extreme condition; it seemed that she must die. So she was tapped once more, although there was no large quantity of fluid in the abdomen. But this time the trochar entered a solid, and blood came freely; and it seemed probable that the trochar had entered the lower part of the much enlarged liver. And now comes the interest of the case, for whereas she was apparently in a hopeless condition when tapped, she began to mend from that time; she was able to be brought to town; and in a short time she had recovered herself to a remarkable extent, and she lived in fair comfort for several months afterwards.

If an abscess forms, then it must be opened or aspirated. My own experience of incision has been fairly satisfactory; but I am by no means averse to a preliminary aspiration; on the contrary, it sometimes *cures*, and in many cases it may I think well be tried. In any case I am not in favour of laparotomy. Twice has this been done in my cases, and nevertheless an abscess of considerable size has not been found, and I believe one is much more sure of finding the pus by following the old plan of aspirating low down in the right lateral region of the thorax, and then opening from there.

If an abscess has already opened into the lung my experience would lead me to say, leave it alone for some few days, if the hæmorrhage is not severe, and the discharge lessening, as there is a very fair chance of cure in this way.

The Opening of the New School Buildings.

THE visit of H.R.H. the Prince of Wales, President of the Hospital, to open the New Medical School Buildings, took place on Wednesday afternoon, May 26th, and proved an unequivocal success, despite the rain, which fell on and off for the greater part of the morning and afternoon.

It is the function of the GAZETTE to chronicle events that are known to everyone as well as matters of less notoriety; and for the benefit of our country cousins and fellow Guy's men who were not present, as well as for the sake of posterity, we will proceed accordingly to give a full account of the proceedings on this great occasion.

PREPARATIONS.

The event has for years been anticipated in shadowy form by the authorities responsible, and during the last few months one or two persons have had little time to think of anything else. It is to these persons who chiefly constituted the committee of management, that our congratulations are due upon the admirable way in which they had made arrangements for every contingency; and it was only just that they should have the satisfaction in the end of seeing the whole proceedings pass off without a hitch. Amongst the visitors as well as amongst ourselves, and amongst the press, who in the matter of public ceremonies are the most expert of critics, we have heard nothing but praise for the management of everything except the weather, and after all the genius of the meteorological office is now quite beyond control. We remember once being introduced, in the house of a professor of anthropology, to the "butter god" of some island in the Pacific ocean; and we were told that if we laid a pat of butter on his head, the god would answer with rain for the space of three weeks. Of course we opened the glass case in which the god lived, and laid the butter on his head; with the natural result that it rained, on and off, for the next three weeks. Perhaps the butter god has been tampered with again.

Preparations had been made for the event for several weeks beforehand. From the offices of the school and hospital, tickets of invitation had been issued to their chief officials and supporters; and to every Guy's man who applied, tickets were issued for himself and a friend, either to witness the proceedings at the end of the colonnade, or to be present at the opening ceremony in the theatre.

In the building itself there was, as is usual on such occasions, a very great deal to be done, even up to the day of opening; and the workmen were busy in fitting up the laboratories up to the last,—were still hard at work, in fact, on Wednesday, when the mid-day bell rang, and the final clearings and dustings were performed. But, as in other matters, the arrangements were perfectly understood; the cleaners succeeded to the workmen, and the stewards for the ceremony succeeded to the cleaners; and at two o'clock the public were admitted, and all looked as if the new building had been ready for some days. To the hospital and outside public, however, the approach of the day was heralded some ten days previously by the erection of two huge awnings over Accident and Cornelius squares, in which refreshments were destined to be served; by the erection of a covered platform for the reception-ceremony at the south end of the colonnade, and the boarding of a large space in every direction around the platform for the sake of the visitors' feet; by the planting-out of some beautiful flowers and shrubs in front of the Clinicals' room, and in the park; and by the erection on the chapel side of the front quadrangle of a long marquee, in which the inner man was again refreshed.

Visitors were admitted after two o'clock from St. Thomas's Street and Maze Pond, and by the entrance from White Hart Yard; and shortly afterwards the band of Her Majesty's 2nd Life Guards, under the bâton of Mr. Chas. W. H. Hall, began to play in front of Clinical building, while the Bijou Orchestra, under Mr. J. J. Pougher, took their places in the new theatre and

beguiled away the time of waiting. The Guards' band played splendidly, despite the rain, giving the assembled company some favourite selections from "The Yeomen of the Guard," "The Geisha," "Carmen" and "Tannhäuser," as well as pieces by Gounod and Verdi, by Edward German, and others. In the theatre a fine Strauss' Waltz, Mascagni's "Cavalleria Rusticana," and Caryll's "Circus Girl" were heard, as well as "Carmen," "The Geisha," and "Tannhäuser" again. But the most amusing piece of the lot is the "Bijou" speciality,—a solo on the cocoa-nuts, in which the cocoa-nuts, making a noise like that of clog-dancing, play a dialogue with the orchestra.

The chief attraction of the day was the academic dress. Never has so brilliant, so striking, so boldly inharmonious a collection of colours been seen in Guy's as was seen on that day. Gowns and hoods were supplied by Messrs. Ede & Son, of Chancery Lane, and included the doctors' gowns of London, Brussels, Durham, Cambridge, Edinburgh, and St. Andrews, the latter a striking combination of crimson and white satin. Crimsons, scarlets and magentas were all mixed up; and the whole made at a distance a dazzling and yet a pleasant spectacle. Then there were the people to look at who had old gowns that had been worn; they were distinctly original. There were others to look at who very evidently had not worn gowns before, and knew it. Some wore their hoods crooked; some arranged them with the greatest of care and wore them straight. And above all there were the delightful beef-eater hats of the Cambridge doctors. When they talk about doing away with the top-hat, why does not some sensible person suggest a soft beef-eater hat as a substitute?

As to the nurses—who will undertake to describe the new costume? We are no professional lady's man, and we do not understand these things; so they will be best left undescribed. But what with the new ties, and the bibs and strings, and the tall caps with bows, and the tall caps without bows, it was difficult to know on that day to what rank of the nursing staff one was talking; the only thing certain was that the nursing staff looked very well in the new uniform, and the Prince seemed to think so too.

Two further groups there were whose aim it was, musically and otherwise, to entertain the Demus, in which they were entirely successful. The first was the guard of honour from the V.M. Staff-Corps, under Surgeon-Captain Rawnsley, an old Guy's man. They were drawn up in front of the Founder's statue, and played "God save the Queen" when the Duke of Cambridge arrived, and effectually dispelled the crowd, who considered that they had already seen the Prince. The second was the Nurses' and Students' chorus, with Mr. Henry Taylor as conductor, under whom a part-song called "Forget-me-not" was admirably sung in the new theatre, while the initiative of "God Bless the Prince of Wales," the "National Anthem" and "Loud and Prolonged Cheers" (Press) was also attributed to them.

ARRIVAL OF THE PRINCE.

His Royal Highness arrived at the hospital punctually at four o'clock, and was received by Mr. Cosmo Bonsor, the treasurer, and Dr. Perry, the superintendent of the hospital.

The Prince, accompanied by H.R.H. the Duke of Cambridge, proceeded to the Court-room, where he presided over a meeting of the General Court. The following Governors and prominent supporters of the hospital had the honour of being presented to His Royal Highness:—Duke of Cambridge, K.G., Bishop of Rochester, Bishop of Southwark, Lord Ashcombe, Lord Cottesloe, Hon. Sir Chas. W. Fremantle, Hon. Sir Evelyn Hubbard, M.P., General Sir R. Harrison, G.C.B., Sir Fredk. Wigan, Sir Fredk. Wills, Bart., Sir James Blyth, Bart., Sir Joseph Fayrer, Bart., Sir W. Cameron Gull, Bart., M.P., Sir Thomas Lucas, Bart., Sir Trevor Lawrence, Bart., Sir Henry Peek, Bart., Sir Chas. Tennant, Bart., C. Barclay, Esq., R. Barclay, Esq., Colonel Samuel R. Bevington, M. Biddulph, Esq., M.P., R. K. Causton, Esq., M.P., A. L. Cohen, Esq., Dr. W. J. Collins (Chairman of the London County Council), J. F. W. Deacon, Esq., Frank Debenham, Esq., J. Herbert Fellowes, Esq., J. F. France, Esq., J. S. Gilliatt, Esq., M.P., J. E. Gladstone, Esq., R. A. Hankey, Esq., R. M. Harvey, Esq., Lieut.-Col. J. Curtis-Hayward, Samuel Hoare, Esq., M.P., Alfred Lafone, Esq., M.P., Henry Lafone, Esq., G. Livesey, Esq., A. J. Lawrence, Esq., C.I.E., F. A. Lucas, Esq., Cumming Macdona, Esq., M.P., Thos. A. Mason, Esq., Albert Pell, Esq., W. S. Seton-Karr, Esq., Abel Smith, Esq., James Stern, Esq., J. A. Shaw-Stewart, Esq.

MEETING OF THE GENERAL COURT OF GOVERNORS.

The treasurer (H. COSMO BONSOR, Esq., M.P.), made the following statement:—

"The accounts of the Hospital for the year ending December, 1896, showed that we had received £172,000 on account of the Re-endowment Fund; since then I have received £11,973, and within the last few days notice has reached me of a grant of £10,000 from the estate of the late Mr. W. E. Guesdon, making a total in answer to his Royal Highness's appeal of £194,000.

"The annual subscriptions and donations towards the expenses of the hospital other than re-endowment are satisfactorily increasing; we can reckon on a larger grant from the Sunday Fund, and we hope for substantial support from the Prince of Wales' Hospital Fund; these sums are already anticipated by the decision of the Governors to re-open one of the closed wards. While we look forward to the future with confidence, I estimate that we still require an additional £15,000 per annum to secure the full advantages of this institution to the sick and suffering poor of South London.

"The House Committee are unanimous in the opinion that our most urgent need is the erection of a Nursing Home. Until we can provide increased accommodation for our nursing staff, the further opening of wards

cannot proceed. The plans are receiving our continuous attention, but the cost must be considerable. We have received towards this special object upwards of £3,000.

"In conclusion, I can assure your Royal Highness and the Governors, that everyone connected with this hospital, with whatever department he or she may be associated, is working with an enthusiasm which I am certain has never been surpassed—I doubt if it has been equalled—in endeavouring to do the utmost by science, devotion, and energy to alleviate suffering and further the benefits of Thomas Guy's great charity."

RECEPTION BY THE STAFF OF THE MEDICAL SCHOOL.

Upon the conclusion of the business of the Court, the Prince, escorted by the Governors, proceeded to a platform erected at the south end of the colonnade, where the following members of the Medical Staff were presented to His Royal Highness:—Dr. Wilks, Dr. Pavy, Mr. Bader, Dr. Pye-Smith, Dr. Taylor, Dr. Goodhart, Dr. Hale White, Dr. Galabin, Dr. Savage, Dr. Stevenson, Mr. Howse, Mr. Lucas, Mr. Golding-Bird, Mr. Higgens, Mr. Laidlaw-Purves, Mr. Newland Pedley, and Surgeon-Captain Rawnsley, the last named gentleman being in command of a detachment of the Volunteer Medical Staff Corps which formed the guard of honour.

Mr. HOWSE then read the following Address of Welcome:—

"YOUR ROYAL HIGHNESS,—May I be permitted to offer you, on behalf of the lecturers, teachers and students, a cordial welcome on the occasion of this, your first, visit as President of Guy's Hospital to our Medical School.

"We do not forget that in accepting the presidency of this great hospital you have added still further to the debt of gratitude under which we lie for the generous assistance extended to us last year, at a time when the impoverished condition of the charity made it necessary for the Governors to appeal to the public for the widest and most substantial support.

"It is a source of gratification to us that the day on which your Royal Highness has graciously consented to come amongst us should be that on which a loyal metropolis is joyfully celebrating the birthday of Her Majesty the Queen, whose happily extended reign, illustrious in much besides, is not least illustrious for the progress and development of medical and surgical science.

"The interest which Her Majesty the Queen, your Royal Highness, and the other members of the Royal Family have uniformly taken in all philanthropic movements creates a claim which posterity cannot fail to recognise as an enduring glory of the Victorian era.

"I need hardly remind your Royal Highness that whilst the primary function of a hospital is to minister to the sick and injured in its neighbourhood, the experience acquired in rendering such services diffuses itself over wider circles, and indeed becomes available for the benefit of the whole human race. At the present moment surgeons and nurses trained in the wards of Guy's Hospital are engaged with their fellow-countrymen in alleviating the sufferings of the wounded soldiers of a nation with whose reigning house your Royal Highness is intimately connected.

"I will further detain your Royal Highness no longer than to express the confident belief that your gracious visit to our Medical School cannot fail to inspire more general interest in scientific education, and will thus promote the progress of knowledge and the welfare of the community at large."

At the termination of the address the Prince, followed by the Governors and Medical Staff, walked in procession through the hospital garden to the new buildings.

OPENING OF THE NEW BUILDING.

After inspecting the laboratories and class-rooms, the Royal party entered the theatre to the strains of "God Bless the Prince of Wales," sung by the nurses' and students' choir.

The whole company stood while Dr. PYE-SMITH, the senior physician, invited the Prince to declare the buildings open. He said:—

"YOUR ROYAL HIGHNESSES, MY LORDS, LADIES AND GENTLEMEN,—I have been asked by my colleagues, the lecturers, demonstrators and tutors of this school of medicine, to state very shortly the purpose and object of the buildings opened to-day.

"While in every civilized country except England and the United States the training of physicians and surgeons is provided for by the Government as part of its duties, our profession like those of the Church, the Law, and Engineering, provides for itself and for the public. The schools of medicine in London have formed themselves around the great hospitals and have only gradually acquired their present importance and repute.

"Apart from the practical instruction in the wards of the hospital, some knowledge of natural science has always been included in the preparation for a liberal profession like that of medicine; physicians have always been botanists and chemists, surgeons have always been anatomists. During the last fifty years great has been the development of these preliminary scientific studies, the indispensable foundation of rational medicine. We have not only lecturers on physics, on chemistry, and on biology, but well equipped laboratories for each of these subjects, in which our students become practically familiar with scientific facts. We have twice rebuilt or greatly enlarged our museums and laboratories since the old buildings were erected in 1826. We have now laboratories for physiology, for clinical chemistry, for histology, and for the new science of bacteriology. But, again, as our numbers increase and the progress of science goes on, we must pull down our barns and build greater. In medical science, as in a still more important discipline, the Augustinian saying is true, *qui satis dixerit, perditus est.* We must go on if we are not to fall back. Accordingly, after repeatedly considering various plans for enlarging and remodelling the old museum and laboratories, we determined that none of them was satisfactory and that we must at least erect a new building for the

important department of physiology, not comparable to the magnificent palaces which are called 'Institutes' at Berlin and Strasburg, but fitted for the best possible teaching and the most advanced researches.

"This part of the more extensive future block of museums and class rooms is now completed. Immense labour has been bestowed upon it, similar institutions in this kingdom and on the continent have been visited and studied by our lecturers, and the result is what we have every reason to believe will be useful for another fifty years. Two names among the many to whom the school is deeply indebted demand particular mention, those of our architect, Mr. Woodd, and Dr. Shaw, the Dean of the Medical School.

"It is only right to explain how the necessary funds were raised. Your Royal Highness knows well—none to appeal to ourselves. We made a collection, all giving something as he was able, and with the money thus subscribed the present institute was built.

"Here physiology will be zealously and efficiently taught and fresh knowledge will be acquired. The old laboratories, where Sir William Gull, Dr. Pavy, Mr. Golding-Bird, and the late Dr. Wooldridge worked, will hand on a good tradition of industry, intelligence, and zeal to their successors—and the benefit will not be only for our students but for the whole community. Such institutes are too few; for they are not only 'light bringing but fruit-bearing'; they not only form the foundation of scientific and efficient treatment of disease, but are the source whence spring such discoveries as bless the whole world, and crown with the gratitude of nations the names of Jenner, of Simpson, of Pasteur, and of Lister.

better—the sad losses of rents which have compelled the Governors of Guy's Hospital to close some of their wards. We know too, and shall never forget how you came to their help, and how by your generous and practical aid the prospect of further curtailment of the charity was banished and replaced by a hope that before long its closed beds may be re-opened to the public. The treasurer of the hospital could not give, and we could never ask for any help from the hospital funds. Every pound given to Guy's Hospital is devoted to the direct relief of the patients. The school does not receive from, but gives to, the hospital, with which its prosperity and almost its existence are closely united. It is needless to say that the Government does not help medical science as it does on the continent, and our rich men are only beginning to learn to devote their wealth to founding colleges and laboratories and observatories, like those which do honour to our kinsmen across the Atlantic. Only one resource remained open, and we determined

"May I invite you, Sir, and our other visitors, in Harvey's words: 'Ad viliorum animalium inspectionem cum Heraclito apud Aristotelem.....introire si vultis, accedite: nam neque hic desunt Dii immortales.'"

The PRINCE replied as follows:—

"YOUR ROYAL HIGHNESS, MY LORDS, LADIES AND GENTLEMEN,—I have much pleasure in declaring this building open.

"It is a matter of congratulation with me that having taken some share in the attempt to re-endow this great hospital—an attempt which indeed seems to give promise of being crowned before many years with success—I am now enabled to give a further proof of my interest by inaugurating this considerable extension of its medical school.

"I understand that the building which I have just declared open is to be used in great part for the study of those sciences which have for their object the observation of the natural laws of life. It was in such observations

that your distinguished physician, Sir William Gull, first won renown. Nor is it possible to over-estimate the value of such work in the investigation and treatment of disease. One thing I would venture to impress upon our students, namely, that in endeavouring to follow in the footsteps of the great and good men whom Guy's delights to honour, they should cultivate that gentle and humane spirit which, not confined to any one school, is the best possession of the medical faculty.

"I have made careful enquiries, and have every reason to believe that whenever experiments upon animals are performed in this school, they are undertaken with the object of promoting advances in medicine and surgery which are likely to be of benefit to suffering humanity, and I have satisfied myself that such experiments are conducted under strict supervision, by highly qualified investigators, and that in practice the only operations performed upon animals which are not in a condition of complete anæsthesia are inoculations and hypodermic injections.

"Students enter a medical school with their characters still unformed, and they are easily influenced by their surroundings. I am glad to believe that in their early studies our students will not be left without due guidance and humane example.

"Looking back upon the history of this school, one cannot but admire the wonderful powers of observation which enabled such men as Astley Cooper, Bright, Addison, Hodgkin, and Gull, with but slender aid from scientific apparatus, to add so largely to the sum of human knowledge. I need hardly remind you that more than one of these great workers in your profession has had his name perpetuated in connection with the discoveries he made in the wards of Guy's Hospital—discoveries which paved the way for the more enlightened treatment of some of the most frequent and yet most fatal diseases to which man is subject. That harvest has been gathered, and for the present and future generations it remains, with more exact appliances and more delicate apparatus provided by the sister sciences, to seek on other fields to emulate their illustrious predecessors' example. To this end are needed ampler buildings, specially designed rooms, and complicated mechanical contrivances, all of them involving additional expenditure. Your senior physician has made it clear to all how, relying upon themselves, the staff of the medical school have erected this building. I may be permitted to emphasize the fact, to which Dr. Pye-Smith has alluded, that the present building is but an instalment of a more extensive design which is to be completed as soon as funds are forthcoming.

"I would venture to express a hope that this day may not be long delayed, and that when the building is completed, room will be provided to adequately display the unique collection of wax models which so much interested me when first I visited your museum.

"The medical staff have expended as much as they safely can, and it is to men of wealth and philanthrophic aspirations that we confidently look for further assistance. Let such men once realize that money given for the purposes of medical education directly benefits humanity, and I cannot doubt that that spirit, which has prompted the British people to provide by voluntary effort what in other countries is provided by the State, will prove effective in the present need.

"On you students of medicine—and a medical man, as Dr. Wilks has said, should be a student till he dies—it devolves so to order your life's work that you make the best use of the improved opportunities thus provided, and to take care that the great profession to which you have aspired to belong shall, when you leave it, stand as high in the service and in the affection of the public as it does at the present time."

On the conclusion of the applause which succeeded the Prince's speech the BISHOP OF ROCHESTER offered the following prayer:—

"ALMIGHTY GOD AND HEAVENLY FATHER, from WHOM is all true wisdom and knowledge, and WHO alone givest healing of body and soul; bless this place and all who shall work within it; grant that knowledge may be mightily advanced within these walls in the spirit of reverence and for the purposes of mercy; and let those who here work for others find from THEE help in every need of their own hearts and lives, through HIM WHOM THOU gavest to be the world's Physician, JESUS CHRIST THY SON OUR LORD. AMEN."

The Treasurer moved a vote of thanks to His Royal Highness in the following terms:—

"YOUR ROYAL HIGHNESSES, MY LORDS, LADIES, AND GENTLEMEN,—It has fallen to my lot as treasurer of the hospital, and official head of the medical school, to move that a hearty vote of thanks be accorded to His Royal Highness the Prince of Wales, president of Guy's Hospital, for the gracious part he has taken in this day's proceedings. Sir, we are deeply sensible of the sacrifice you have made in sparing to us at such a season as the present so much of your time, occupied as it is by preparations for the commemoration of Her Most Gracious Majesty's Diamond Jubilee, and the numerous philanthropic projects in connection therewith to which you are giving your invaluable aid. We at least have no reason to regret that chief amongst such projects is your Royal Highness's Hospital Fund. We rejoice to think that that fund already gives promise of the success which we are accustomed to associate with whatever is essayed under your leadership and auspices. We can never forget at Guy's the impulse which was given to the re-endowment fund by the personal interest and service which your Royal Highness extended to us last year. To many the task of raising half a million of money appeared almost impossible. Far short as our total is from that amount we have been encouraged by the generous support and sympathy ungrudingly bestowed from all quarters to cherish the hope that our ambition may ultimately be realized.

"The benevolent public may meantime be glad to receive the authoritative assurance of the treasurer of the hospital that none of the funds so generously

subscribed for the maintenance and re-endowment of the charity have been, or will be, diverted to the purpose of the medical school. The medical school is supported solely out of the educational fees of students, and those students and their teachers render service to the hospital impossible to over-estimate, and calling for the heartiest recognition by the governors and subscribers. It is because the governors recognise the increasing expenses attendant on medical education, and at the same time are convinced that public faith requires them to devote their income entirely to the services of the sick poor, that they have consented to open a separate account for the reception of sums specifically given for school purposes.

"With great pleasure I have to announce that, with your Royal Highness's sanction, it has been determined to re-open one of the closed wards containing forty beds. In accordance with what the governors believe to be the most pressing needs of the neighbourhood, the beds in the re-opened ward will be devoted to the reception of lying-in cases, and of women suffering from diseases peculiar to their sex.

"We have lately, as your Royal Highness knows, endeavoured to improve the conditions under which our nurses pursue their arduous occupation. The changes which are in contemplation, together with the prospective increase in the number of our patients, necessitate a considerable augmentation of the nursing staff. Our present accommodation for nurses is admittedly defective, and to remedy this, steps are being taken to erect a nursing home conformable with modern requirements. Your Royal Highness will be glad to know that Baroness de Hirsch has contributed £1000 towards the fund which is being raised for this purpose, and that other donations have been promised.

"In conclusion may I add that it would afford the governors and medical school much gratification if you, Sir, would consent to name the ward, the re-opening of which has been rendered possible through your Royal Highness's exertions on our behalf."

In acknowledging the vote of thanks HIS ROYAL HIGHNESS said:—

"I have to thank you for the enthusiastic manner in which you have received this vote of thanks.

"It has, I am sure, given much pleasure to the friends of Guy's Hospital to hear the treasurer's statement of the position of the appeal fund. To me personally it is a source of gratification to learn that the memory of an old friend of mine—I allude to the late Baron de Hirsch—will be perpetuated at Guy's by the munificent donation which his widow has made towards starting a fund for a Nurses' Home.

"Considering the urgent need of providing additional accommodation for hospital patients in the densely populated area of South London, I find myself in hearty accord with the bold policy of re-opening a ward in reliance upon the continued support of the public, and feel that it will be in accordance with the sentiments of loyalty already so freely expressed to-day, if the name of the re-opened ward should recall the memory of this year of universal rejoicing,—I therefore name it QUEEN VICTORIA WARD."

The choir and audience then sang "God Save the Queen," after which the Prince returned to the reception platform, and there took leave of the governors and staff, proceeding along the colonnade, which was lined with patients, sisters, nurses, and the rest of the female staff of the hospital.

Subsequently afternoon tea was served to the visitors, about 3,000 in number, in marquees in the hospital grounds, and at 5.45 the prizes and medals for the year were distributed by Mrs. Cosmo Bonsor, the wife of the treasurer.

PRESENTATION OF PRIZES AND MEDALS.

The capabilities of the new theatre were here at once put to the test, and it must be said that it acquitted itself admirably, a very large audience being present, while even those in the doorways at the back of the gallery were able to see perfectly.

A list of prize-winners is appended, and it is only necessary to add that it was a very great pleasure to the school to have Mrs. Cosmo Bonsor in the chair on the occasion. We hope that the treasurer and Mrs. Bonsor will realize how fully the cheers given at the end of the proceedings represent the feeling of the whole of the Guy's world, who hope that they may long and often be able to welcome them to the hospital.

LIST OF PRIZEMEN AND MEDALLISTS.

THE TREASURER'S GOLD MEDAL FOR CLINICAL MEDICINE, 1896.—Walter Ramsden, Oldham and Oxford University.

THE TREASURER'S GOLD MEDAL FOR CLINICAL SURGERY, 1896.—Robert Pugh Rowlands, Towyn, N. Wales.

THE GOLDING BIRD GOLD MEDAL AND SCHOLARSHIP FOR SANITARY SCIENCE.—Alfred Salter, Blackheath; Bertie Burnett Ham, Victoria, Australia (Proxime Accessit).

THE BEANEY PRIZE FOR PATHOLOGY. — Robert Howard, Buckhurst Hill and Oxford University; Robert Pugh Rowlands, Towyn, North Wales (Proxime Accessit).

THE RICHARD BREDIN PRIZE FOR CLINICAL STUDY.—Bertie Burnett Ham, Victoria, Australia.

THE MICHAEL HARRIS PRIZE FOR ANATOMY.—Percy William Leopold Camps, Islington, Prize £10; James Alfred Butler, Brixton, Certificate; William Howard Edwards, Streatham, Certificate.

THE ARTHUR DURHAM PRIZES FOR DISSECTIONS. FIRST YEAR'S STUDENTS. — George Thomas Willan, Melton Mowbray, Prize £5; Louis Edward Stamm, Redhill, Certificate; Claude Tessier, Sevenoaks, Certificate. SECOND YEAR'S STUDENTS.—Frederick Curtis, Staines, Prize £15; Hugh Kirbell Lacey, Woolwich, Certificate.

THE HILTON PRIZE FOR DISSECTION.—Mr. A. R. McLachlan, Brighton, Prize £5.

FOURTH YEAR'S PRIZES, 1896.—Robert Pugh Rowlands, Towyn, N. Wales, Prize £25; Edmund Ivens Spriggs, Market Harborough, Second Prize £10; Charles Thompson Anderson, Cape Colony, Certificate.

THIRD YEAR'S PRIZES, 1896.—Harold Wilson Bruce, Bow, Prize £25; Philip Turner, Earl's Court Gardens, Second Prize £10. George Ernest Richmond, Leicester, Certificate; William Taylor Milton, Blackheath, Certificate; William Mussellwhite, Northfleet, Certificate; Charles Leopold Granville Chapman, Grimsby, Certificate.

SECOND YEAR'S PRIZES, 1896.—Caleb Thomas Hilton, Newton-le-Willows, Prize £25; Graham Scales Simpson, Brighton, Second Prize £10.

FIRST YEAR'S PRIZES, 1896.—William Howard Edwards, Streatham, £37 10s.; Ernest Alfred Miller, Norwood, £37 10s.; James Alfred Butler, Brixton, Certificate.

DENTAL STUDENTS, 1896. Second Year's Prizes—Kenneth Weldon Goadby, Reading, Prize £15; Guy Chatterton, Peckham Rye, Certificate; George Garnett Ellis, Southsea, Certificate. First Year's Prizes—Hubert Arnold George Butler, Cheltenham, Prize £10; Augustus Kendrew, Devizes, Certificate; Victor George Smith, Faversham, Certificate; Bertram James Sumerling, Leek, Certificate.

PRACTICAL DENTISTRY PRIZE, 1896.—Guy Chatterton, Peckham Rye, Prize £10; Godfrey Naish, Winchester, Certificate.

OPEN SCHOLARSHIP IN ARTS, 1896.—William Edward James Tuohy, Bedford, £100; Albert Herbert Edwin Wall, New Zealand, £50; Lorimer Gifford Nash, Bampton, Certificate. Dental Students—Archibald James Gwatkin, Brighton, £30.

OPEN SCHOLARSHIPS IN SCIENCE, 1896.—Myer Coplans, Canterbury, £150; John Ford Northcott, South Hampstead, £60; Frank Shufflebotham, Newcastle-under-Lyne, and University of Cambridge, Certificate. Henry Crew Keates, Petersfield, Certificate.

A vote of thanks to Mrs. Cosmo Bonsor was proposed by the Senior Physician and seconded by the Senior Surgeon, and the Treasurer replied in Mrs. Bonsor's behalf. Three cheers were given with a will, and the company broke up.

Thus ended with perfect success a day which will for ever remain memorable in the history of the hospital and medical school, founded by Thomas Guy, bookseller and merchant of the City of London.

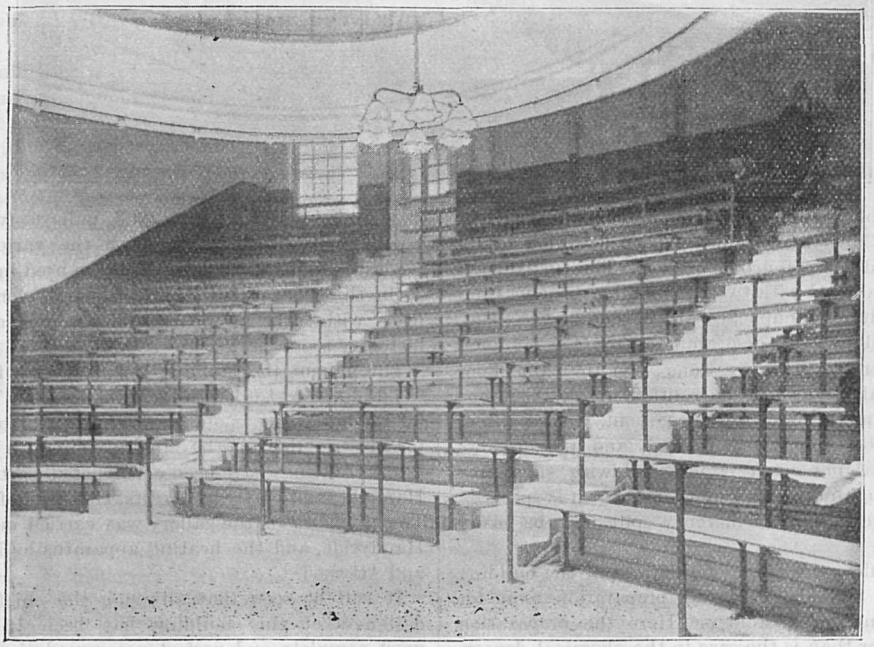
DIAMOND JUBILEE ADVERTISEMENTS.—These are very numerous, even in the medical profession and the allied trades, and much ingenuity is exercised in inducing the public to read them. One Birmingham firm (Messrs. Southalls & Barclay), in advertisement of their sanitary towels are actually offering 200 guineas in prizes for some competition, particulars of which may be had on application; while the number of free gifts of medicines and instruments that are being made by the chief firms is very large. The patent medicines, of course, are especially prominent in this respect.

The New School Buildings.

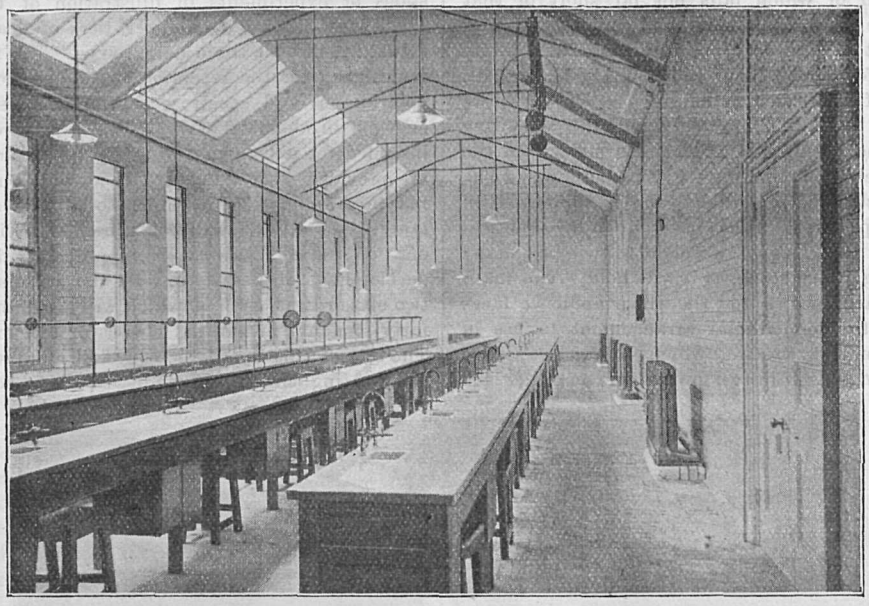
THE accompanying illustrations, on pages 256 and 257, represent the elevation of the proposed New Medical School Building, and detailed plans of that portion of it which has already been completed. The entire building is designed to provide under one roof all the accommodation required by the medical school, with the exception of the chemical, and physical public health, and bacteriological laboratories recently erected in association with the dental school buildings. Here it is intended eventually to bring together the anatomical and physiological departments, the museum, the library, the lecture theatres, the medical school offices, and the numerous laboratories and class rooms required for practical instruction in all branches of the medical curriculum. When the building is completed, it is proposed to pull down the existing museum block, with the dissecting-room and anatomical theatre, and provide a broad space of turf from the front of Clinical ward to the houses in Newcomen Street. By this arrangement the hospital site will be used to the best possible effect, and an airing ground will be provided for convalescent patients, of quite respectable proportions when one takes into consideration the crowded locality in which the hospital is situated.

The part of the building, the formal opening of which by the Prince of Wales has recently been celebrated, forms about one-third of the whole structure, and consists of the three lower floors of the south or left wing. The plans are lettered in accordance with the immediate use of the various rooms, and in describing them it will be assumed that the visitor enters by the door in the basement, at the left end of the block. The lowest floor is really a half-basement, and as seven feet of the walls of this floor are above the ground, the rooms are thoroughly well lit. Descending a short flight of steps one reaches a corridor running the length of the building. On the left are found the lecturers' room, and opposite to it the lecturers' entrance to the theatre. It will be noted that the floor of the lecturers' private room is constructed of Arabian mosaic, and the reason of this, as of several other features in the building, can only be understood by remembering that in the completed design these rooms will be used for other than their present purposes. This lecturers' room is ultimately intended for the prosectors to the lecturers on anatomy, and it is for this reason that it is provided with an impervious floor. Entering the theatre by this door the best idea of the arrangements of the theatre can be obtained. The task set before the architect, Mr. J. H. T. Woodd, was to provide a theatre in which an ordinary lecture audience of a hundred should be compactly arranged, and in which, on rare occasions, such as the opening meeting of the Physical Society and the distribution of prizes, a crowd of 400 or 500 men could be comfortably accommodated. This has been practically accomplished by the provision of a gallery, the seating

accommodation of which falls not far short of that afforded by the main auditorium, and which, being supported without pillars, does not interefere in any way with the comfort and view of those sitting beneath it. The details of the construction of the gallery have been intrusted to Mr. Thomas Kirkland, the consulting engineer to the hospital, who has also supervised the heating and electric lighting of the building. The gallery is constructed on girders, and is supported on the cantilever principle. It has been put to the practical test of bearing bricks equal in weight to twice as many men, averaging fifteen stone, as it will hold. The main auditorium is arranged so that the whole audience faces the lecturer; the semicircular arrangement in use in the old anatomical theatre, which allows a scanty audience to range itself in two groups, one on either side of the lecturer, having been avoided. The seats and note-desks are of oak, and the comfort of the student at lecture has been carefully considered. The theatre is lit by a skylight, and arrangements have been made for speedily darkening the theatre, in order that lectures may be illustrated when necessary by lantern-slides. A plentiful supply of incandescent electric lamps provide artificial light; and a central gas sun-light will ensure adequate illumination in case of temporary failure of the electric current, and will assist ventilation. No pains have been spared to ensure ample provision of fresh air, which can, when necessary, be warmed before it is admitted. The lecturer's table is provided with a water motor and shafting for driving drums, or other apparatus. In the middle of the front bench is a lantern, fitted with an arc lamp, for the projection of slides or experiments in illustration of the lectures. The space beneath the upper tiers of seats has been utilized to provide three dark rooms. The first of these is designed for the reception of the spectrophotometer, polarimeter and spectroscope, for the use of those engaged in chemical work. The other two rooms are intended for galvanometric and photographic work, and are provided with a massive stone pillar, resting on a masonry foundation, in order to provide a stand, for lanterns or other instruments, free from vibration. In one of these is a water supply and sink for the development of negatives. In the basement are also two class rooms, each of which will accommodate about forty students in tutorial classes or test examinations. The rest of this floor is occupied by store rooms and by the heating chamber, where there is a boiler for the generation of steam at low pressure, by which system the whole building is heated. In the boiler room there is also a $1\frac{1}{2}$ h.p. electromotor, to drive the centrifuga machine. This latter is bolted to a stone slab let into the foundations, and is provided with a strong wrought iron guard.



Ascending the staircase at the north end of the building a landing is reached from which open two entrances to the main body of the theatre. The whole length of this part of the building on this floor is occupied by the laboratories and preparation room for physiological and pathological chemistry. The students' laboratory is seventy feet long by thirty feet wide, and is fitted with transverse chemical benches with sinks and stands for reagents. At short intervals stink closets are arranged in the wall. As at present fitted these rooms



give comfortable accommodation to eighty-four students. Space is left, however, for another bench, which would provide an additional fourteen places. The preparation room has been fitted with two large double benches, and with a large draught cupboard at one end of the room. It is arranged so as to give ample space for six men carrying out original investigations. On the same floor are three small rooms, specially fitted up as a balance room, a calorimeter room and a gas room. The walls of the calorimeter room are padded, and its windows double, the balance room is provided with slabs free from vibration, and the floor of the gas room is specially constructed in order that mercury spilt may be easily recovered.

On the top floor the whole of the front of the building is devoted to the laboratory and preparation room for normal and morbid histology. Here the preparation room is smaller than is the case in the chemical department, and the students' laboratory is eighty feet long. This latter is fitted with four rows of benches, running longitudinally, the lighting being so arranged that each student will get ample illumination from the front without having to tilt the microscope. These benches are furnished with shafting for driving drums and other physiological apparatus, the motive power being supplied by a $\frac{1}{5}$ h.p. Oerlikon motor, which is fixed on a wall bracket on the adjacent landing. Places are provided for a hundred and ten students. The walls of this laboratory are of glazed white brick, so as to provide the greatest amount of light. Over the three small laboratories on the lower floor there is a large demonstrators' private room lit by a skylight. This room, which is exceedingly well lit (having a north aspect) is specially adapted for experimental work, and is supplied with shafting and pulleys (worked by a separate electromotor) to drive the various kinds of recording apparatus, etc., which are used in research.

On this floor there is also a small workshop, to be fitted with lathe and carpenter's bench, adjoining the histology room.

Throughout the building the floors are fireproof, and wood blocks rest upon the solid concrete. The contract for the building was obtained by Messrs. Holloway; that for electric lighting by Messrs. Donnison & Co. The internal fittings have been constructed partly by Messrs. Hammer, and partly by Messrs. Hayward of Manchester. The ironwork of the gallery was carried out by Messrs. Handyside, and the heating apparatus by Messrs. Jones and Attwood.

It will be seen that although the chief aim of the designers of this building has been to provide the most complete and perfect accommodation possible for instructing a large body of students in the Institutes of Medicine, the claims of the investigator have also received ample consideration, facilities being afforded for research in all the varied problems of physiology and general pathology.

ACKNOWLEDGMENTS.—St. Mary's Hospital Gazette; London Hospital Journal; Middlesex Hospital Journal; Magazine of London School of Medicine for Women; Corpuscle (Rush College, U.S.A.); Pediatrics, Hospital, Belgravia.

NOTICE TO CORRESPONDENTS.

The Editor wishes it to be understood that no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.

Ear Out-patients.

LAST week Mr. Laidlaw Purves, at his clinical demonstrations, discussed chiefly congenital syphilis in regard to its effect on the auditory apparatus, taking as an example the following case:—

A. D., a girl, æt. 18 years, who has been attending at Ear Out-patients since last December, when she came up to the hospital complaining of deafness in the right ear, and noises in the head. Her history was that some time ago her sight had been bad, but was improving when her hearing began to fail on the right side. She has two brothers and one sister, aged 15, 10 and 5 years respectively, and all she says are well; the patient, however, has signs of an old keratitis and iritis, and her upper incisor teeth are slightly pegged and notched. Her hearing was tested with the following results:—Right ear, watch, $\frac{2}{c}$; tuning fork, 10″. Left ear normal.

She was treated with Mist. Hydrarg et Pot. Iod., but without benefit, as on examination last week her hearing was found to be much worse:—Right ear, watch, $\frac{co}{c}$; tuning fork, 20″. Left ear, watch, $\frac{co}{c}$; tuning fork, 29″.

There was no discharge from either ear, and on examination with the speculum the tympanic membrane of both ears was seen to be dull and thickened. In discussing the case Mr. Purves pointed out that in congenital syphilis the deafness usually comes on from five years before to five years after puberty, generally following interstitial keratitis, and that in two-thirds of the cases females were attacked. Usually only deafness is complained of, but occasionally there is vertigo and tinnitus. There is, as a rule, no discharge from the external meatus, and objective changes in the aural apparatus, beyond a dryness and an opacity of the membrana tympani, are absent. The changes which do occur are usually symmetrical.

Care must be taken to distinguish such cases from an affection which comes on, generally in women, at puberty. In the latter the advance of the affection is not so rapid, nor does the loss of function become so complete. It seldom appears before puberty, and there is no history of previous occular affection.

Pathologically it is the result of a chronic periostitis which leads to a gradual and more or less complete occlusion of the cavities of the internal auditory meatus and bony labyrinth with consequent injury or destruction of the delicate soft structures in these situations.

As to treatment, Mr. Purves said that practically nothing could be done for the relief of the inner ear affection. In early cases he agreed with Hutchinson in giving large doses of mercury, when good results are occasionally obtained. Hypodermic injections of pilocarpine, ammonium chloride, blistering behind the ear, etc., have been recommended, but generally both ears become gradually affected, and complete deafness frequently results. While the auditory nerve retains some functional power treatment of the conductive apparatus should be carefully attended to so that sonorous vibrations reach the nerve under the most favourable conditions.

Presentation to the late Treasurer.

PRIOR to the meeting of the General Court on the 26th ult., a very interesting ceremony took place at the counting-house, when the late treasurer Mr. Ed. H. Lushington was presented with a testimonial subscribed for by the governors and the medical and surgical staff. There was a large and representative attendance of governors, physicians, surgeons and officials of the hospital, corresponding largely to the list, given elsewhere, of those subsequently presented to the Prince of Wales.

MR. COSMO BONSOR, the treasurer, in requesting Mr. Lushington to accept the testimonial, said that they had met to ask the acceptance by the late treasurer, of a mark of their regard and appreciation of his services to the hospital and school during the past twenty years. The zeal and integrity shown by Mr. Lushington in the management of the affairs of the hospital would not easily be forgotten by the governing body, and he would wish to assure him that he carried away in his retirement the best wishes of the governors for his future comfort and welfare.

MR. LUSHINGTON, in thanking the governors and staff for the very handsome and beautiful gift they had thought fit to present him, assured those present that he had done his best in the occupation of the great trust reposed in him by the court, now twenty-one years ago. He hoped that nothing but success would attend the hospital in future, and that he should always remember with gratitude the kindly co-operation he had received from the governors and staff in the carrying on of the work of this great institution.

The present consisted of an exceedingly beautiful work of art, being a replica in solid silver of the statue of the Founder in the front square, together with a handsome silver salver with suitable inscription. The whole was the work of Messrs. Hunt & Roskell, of New Bond Street, who may be cordially congratulated upon the excellence of their workmanship.

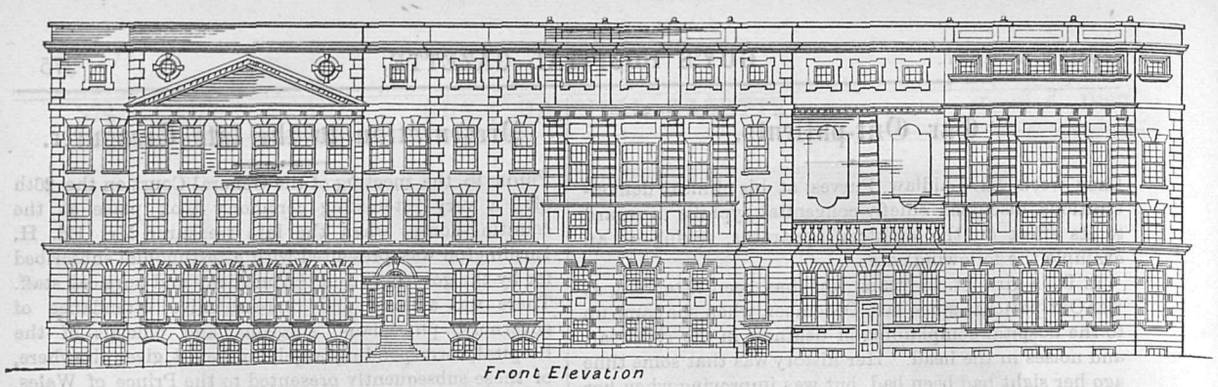
Plan of New School Buildings.

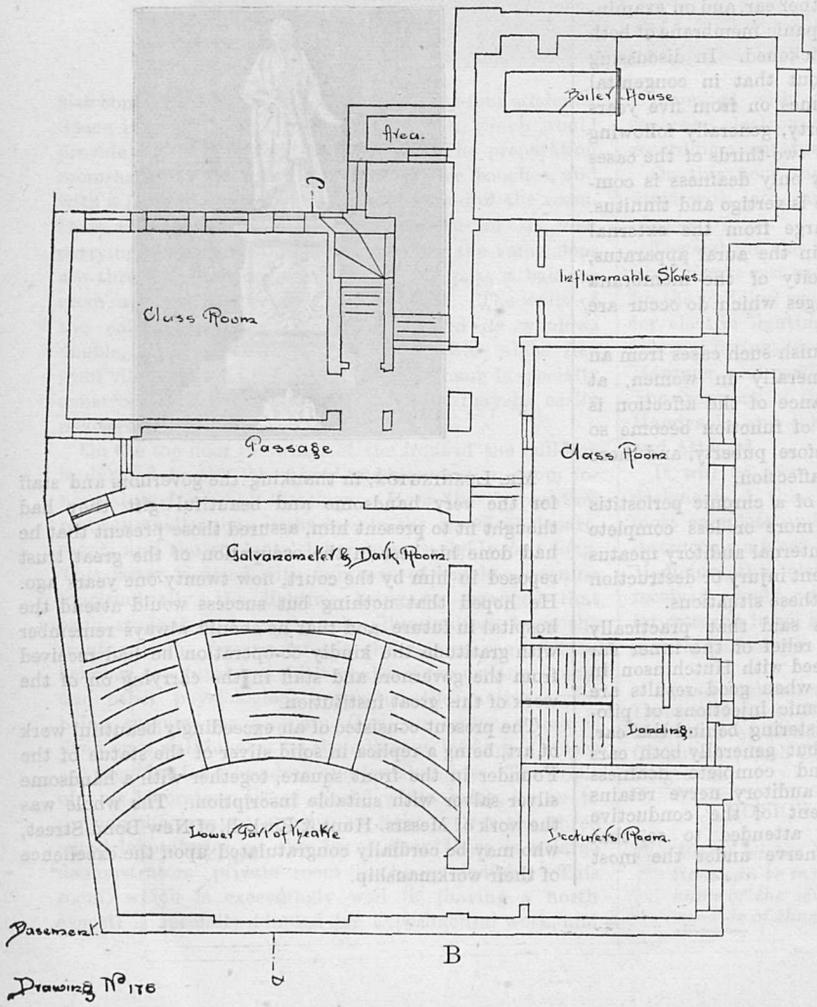
A. Elevation of the whole Building as it will appear when completed.

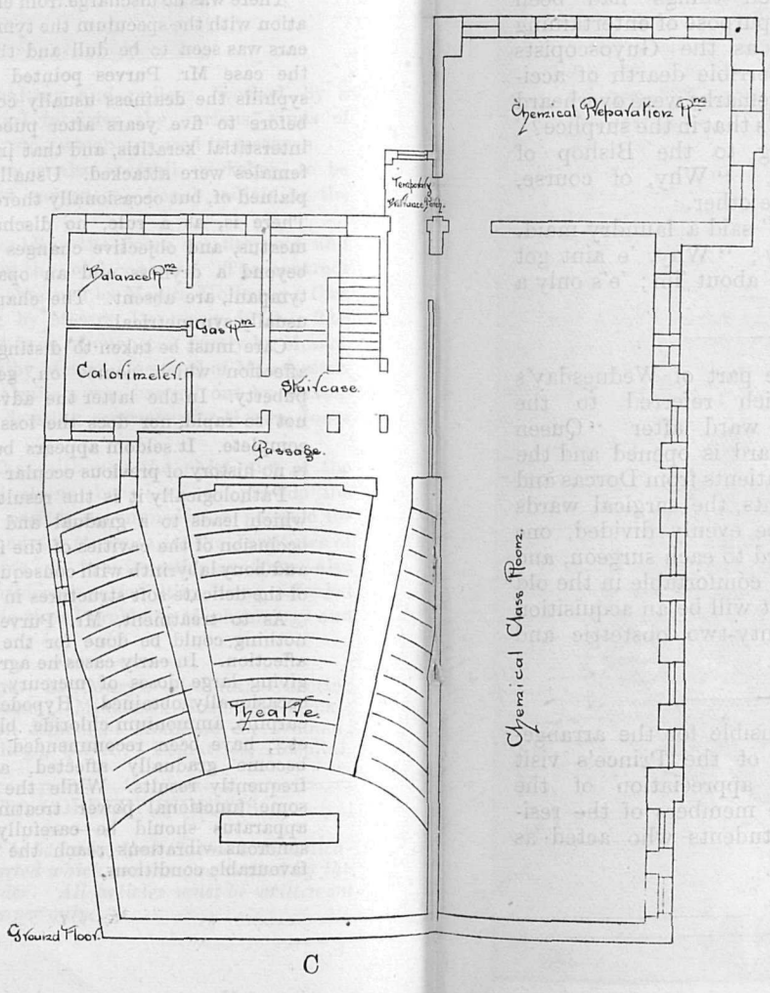
B. Ground Plan of part already built.

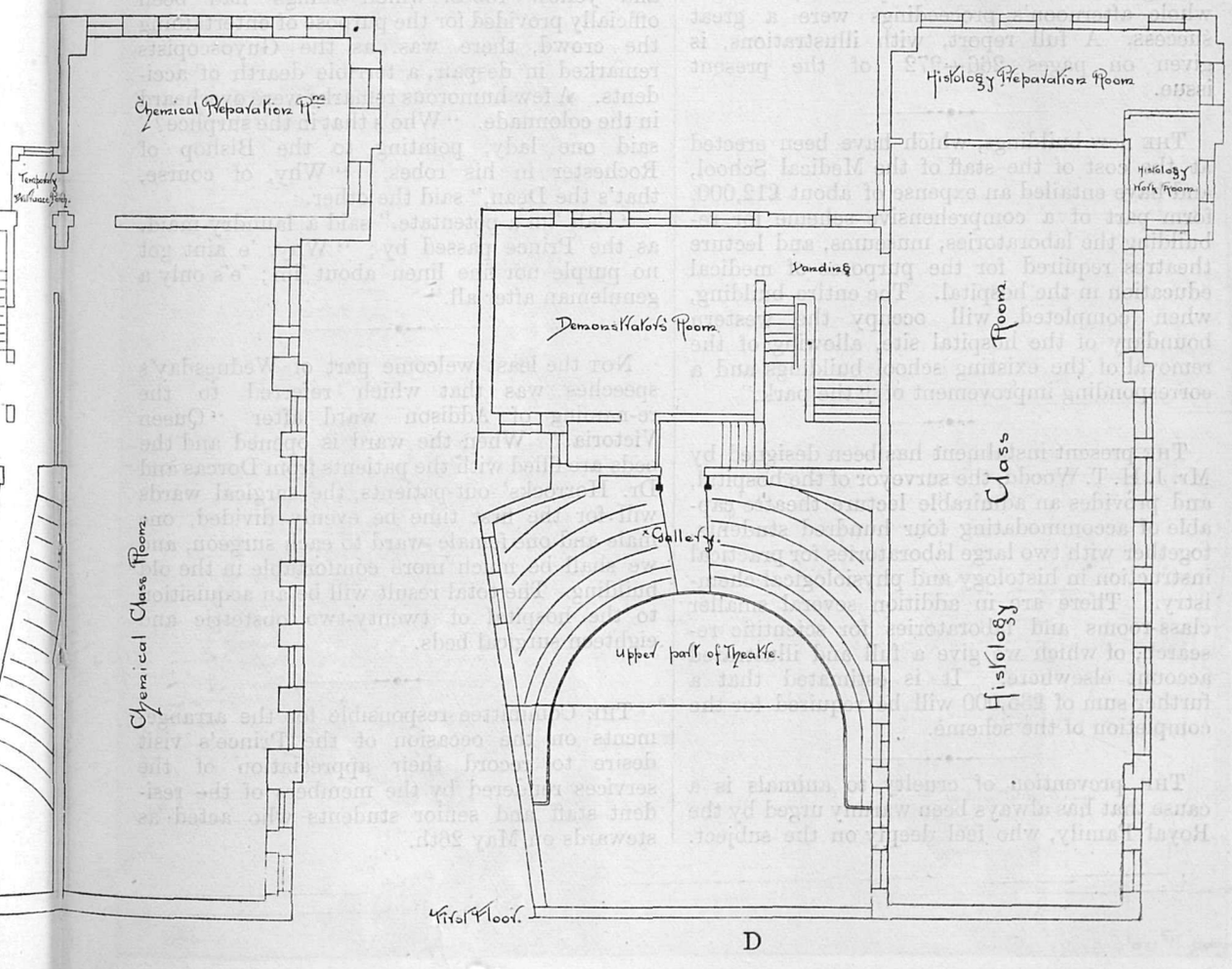
C. D. Plan of First and Second Floors.

For description of rooms, see page 272.









Drawing No 176

Passim.

TEN days ago we were *en fête* to receive H.R.H. the Prince of Wales and a goodly company of friends and old Guy's men to do honour to the occasion. As President of the Hospital, the Prince presided over the Court of Governors, and heard the Treasurer's first annual financial statement. On moving to a platform at the end of the colonnade he was received by the staff, who were severally presented to him, and after inspecting the New School Buildings he declared them open. The Prince was in the hospital from four o'clock till five, and after a short interval for refreshments, Mrs. Cosmo Bonsor distributed the prizes and certificates for the year in the new theatre. The rain cleared up in time for photographers and cinematographers to make good use of their excellent opportunities, and the unwonted display of academic dress made a brave show. The arrangements were admirably made, and the whole afternoon's proceedings were a great success. A full report, with illustrations, is given on pages 266—272 of the present issue.

THE new buildings, which have been erected at the cost of the staff of the Medical School, and have entailed an expense of about £12,000, form part of a comprehensive scheme for rebuilding the laboratories, museums, and lecture theatres required for the purposes of medical education in the hospital. The entire building, when completed, will occupy the western boundary of the hospital site, allowing of the removal of the existing school buildings and a corresponding improvement of "the park."

THE present instalment has been designed by Mr. J. H. T. Woodd, the surveyor of the hospital, and provides an admirable lecture theatre capable of accommodating four hundred students, together with two large laboratories for practical instruction in histology and physiological chemistry. There are in addition several smaller class-rooms and laboratories for scientific research, of which we give a full and illustrated account elsewhere. It is estimated that a further sum of £35,000 will be required for the completion of the scheme.

THE prevention of cruelty to animals is a cause that has always been warmly urged by the Royal Family, who feel deeply on the subject. It was only last year that the Prince set his face against the fashion of cropping dogs' ears; and on the present occasion the same feeling was shown by his reference to the subject of vivisection. The Prince, like every decent-minded gentleman, detests cruelty in all its forms; and he is in the fullest sympathy with those who wish to see that there is no recklessness in our laboratories, and that experiments are conducted only under direct legal supervision. It is the further step, which has carried the professed "anti-vivisectionist" beyond the limits of reason, that the Prince refuses to take; so long as they are properly controlled it is only right that experiments should be conducted which in the past have proved of immense value in protecting both man and beast against disease, and pain, and death.

BESIDES the Military and Bijou bands, and the nurses' and students' choir, and the red and yellow robes, which things had been officially provided for the purpose of entertaining the crowd, there was, as the Guyoscopists remarked in despair, a terrible dearth of accidents. A few humorous remarks were overheard in the colonnade. "Who's that in the surplice?" said one lady, pointing to the Bishop of Rochester in his robes. "Why, of course, that's the Dean," said the other.

"Call 'im a potentate," said a laundry-maid, as the Prince passed by; "Why, 'e aint got no purple nor fine linen about 'im; 'e's only a gennleman after all."

NOT the least welcome part of Wednesday's speeches was that which referred to the re-naming of Addison ward after "Queen Victoria." When the ward is opened and the beds are filled with the patients from Dorcas and Dr. Horrocks' out-patients, the surgical wards will for the first time be evenly divided, one male and one female ward to each surgeon, and we shall be much more comfortable in the old building. The total result will be an acquisition to the hospital of twenty-two obstetric and eighteen surgical beds.

THE Committee responsible for the arrangements on the occasion of the Prince's visit desire to record their appreciation of the services rendered by the members of the resident staff and senior students who acted as stewards on May 26th.

Homar Oak Ground

FOR those who would learn something of children's diseases, we call attention to the fact that applications are invited for three clinical clerks in the medical out-patient department at Great Ormond Street Hospital, and four qualified assistants and eight unqualified clerks at the Evelina. Those, on the other hand, who would like to hear some really good lectures on the "Means by which the Temperature of the Body is maintained in Health and Disease" will attend Dr. Hale White's Croonian lectures at the Examination Hall in Savoy on the evenings of the 15th, 17th, 24th and 29th of the month, at five o'clock.

WE publish to-day some further interesting letters from the war. Two of our nurses are with Dr. Moffat and Mr. Turner, his dresser, at Piræus, and a vivid description is given of an incident in, or rather after, the extraction of a bullet from a Greek. Two other of our nurses have been under fire, and Mr. Moon represents the humaner aspects of the "Great Assassin" at Lamia, his movements being shrouded in mystery. Mr. Turner's investigation into the direction of bullet-wounds would seem to show that in certain circumstances in war they tend to pass from behind forwards, a sign accompanied by certain rather severe mental and constitutional symptoms.

MONDAY and Tuesday in next week may be considered the chief days in the year in so far as the ground at Honor Oak Park is concerned; the Past and Present matches being fixed for Monday and the Sports for Tuesday. In another column we give a sketch of the ground, which is looking now at its very best. Few men realise, when they are looking round the hospitals before coming up to town, how enormous is the advantage of a ground such as our own. The possession of a running track, two cricket pitches, half a dozen practise-nets, and ten tennis courts, with a luxurious pavilion and arrangements for tea and cooling drinks, all in perfect seclusion and country air, within twenty minutes' journey from the hospital, is of incalculable benefit to the present generation; and the freshman who does not know where else to take rooms, would do well to settle at Honor Oak. In fact, with the growth of the suburbs, the Borough in general and "the Square" in particular are almost depopulated of Guy's men. The change is decidedly for the better.

THE entries for the sports this year compare very badly with those of last season. There seems to be inexplicable want of enthusiasm and keenness among the men, and this is especially in evidence with the first and second year's men. The outlook for future years is becoming darker and darker. Last year it seemed as though things were looking up in the athletic line, and it was thought that after the successful meet at Honor Oak, the extra expense to which the committee went would be more than justified by a good entry this year. But things have turned out differently, and we can only deplore the growing condition of slackness among the new men and hope for a better set of new comers next October.

TICKETS for the sports, which are fixed for Tuesday next at Honor Oak Park, are now on sale of the Athletic Committee, price sixpence each before the day. Of course Clubs' Union members get in free, but it is hoped that all men who possibly can will take tickets, as the Club depends to a large extent on the entry money and sale of tickets for its income; and the entry being very small, the defaulters can relieve their consciences to some extent by purchasing cards of admission.

F. E. WALKER has been selected to run for the United Hospitals in the forthcoming match v. Dublin University A. C.

THE Past and Present Cricket and Tennis Teams, together with the Resident Staff of the Hospital will, thanks to the kind hospitality of Dr. Brailey, dine together in the College Library on Monday evening next. It only wants decent weather now to make the whole day about as enjoyable as it possibly could be.

IN the draw for the inter-hospital cricket tie, we have drawn blank in the first round, and in the second are to meet St. Mary's, and if we beat them, the winner of Middlesex and Westminster.

IN the sporting columns will be seen the draw for the challenge-cup presented by Mr. Lane and Dr. Washbourn for the lawn tennis championship of the hospital. The open handicap is now, or rather should be, in its fourth round.

OUR water polo club which was very successful last year, is in need of recruits. There is an

open 80 yards race on Monday at the Hackney baths to which all and sundry are invited.

WHETHER it has been arranged with a view to training for the sports or not, the Residents' annual dance is fixed for next Tuesday, June 8th. Mrs. Cosmo Bonsor has kindly consented to act as hostess. Applications for tickets may be addressed to Messrs. Jackson, Carpmael or Fagge, the secretaries. This is the R.M.O.B.'s third year as a steward of the Residents' dance.

DR. SAVAGE has arranged for those who wish it to visit Earlswood on the 15th, 17th and 18th of this month. Names must be left in the office.

MR. J. B. LEATHES has been appointed Beaney Scholar in Materia Medica. Mr. Leathes, who is an old Oxford man and served as house-surgeon to Mr. Davies-Colley some three years ago, has since then returned to the study of physiology, and has been working at Berne under Professor Drechsel. We congratulate him heartily on his scholarship.

THE examinations for medals and prizes have been held this week and classes have begun again in medicine, surgery and midwifery for the conjoint examination in July.

IT does not appear to be well enough known that Mr. Purves is giving a course of clinical demonstrations in the aural out-patient department on Friday afternoons. Of other courses we are glad to see Bacteriology flourishing very well. In one lecture there were over twenty men present, and the course is as yet purely optional.

THE Guild of St. Barnabas for medical students holds its annual meeting at No. 35, Brook Street, Holborn, on June 15th, at 4.45, and its annual service on St. Peter's Day, June 29th, at St. Barnabas', Pimlico, to which all hospital men are invited. The present year is the twenty-first of the Guild of St. Barnabas for Nurses, which numbers some 1,700 members in every part of the world, including a considerable contingent from Guy's. The Students' Guild was founded three years ago, and is open to all medical students who are members of the Church of England.

The Dean's Report, 1896.

THE Annual Report upon the condition and progress of the School is presented at a somewhat earlier date than usual, and is in consequence an incomplete record of the year's work in certain particulars. Several events of the greatest importance to the success of the school have, however, to be chronicled.

To-day, for the first time in the history of Guy's Hospital, an official visit has been paid to the medical schoo by a member of the Royal Family. Gratifying as is this mark of H.R.H. the President's interest in the school it is satisfactory to feel assured that the occasion is worthy of its bestowal. The important addition to the school buildings, which the Prince of Wales has opened this afternoon, has been designed in accordance with the best traditions of the hospital. The new laboratories and class rooms have been planned and fitted up in a manner which will enable the members of the staff to still further increase their reputation as practical teachers, while such facilities for research work have been provided as will ensure that Guy's Hospital shall fully maintain its position as a centre of learning as well as of teaching. Although it is the Physiological Department which, as the chief occupant of the new laboratories, will feel the greatest benefit from the increased accommodation, there is no doubt that indirectly every department of the school will profit by the additional space provided.

The hospital and medical school are financially independent of one another, but in all other respects the dependence of either upon the other is absolute. It is, therefore, with the greatest satisfaction that the school learns that the recent appeal to the public for the support of the hospital has been so far successful, that the Governors have determined to open in the course of the next few weeks one of the wards which during the last fifteen years have been closed for want of funds. It is fortunate for the school that the patients for whom there is the most pressing need of further accommodation, and who will therefore be received into the newly opened beds are obstetric and gynæcological cases.

The growth of specialism in medicine as in every other department of work and knowledge, is a striking feature of the present time. That this shall have a good rather than an evil effect upon medical education can only be ensured by providing adequate accommodation for so-called "special" cases in the great general hospitals, and by promoting efficient practical instruction in the various departments.

The accommodation in the ophthalmic and denta departments of the hospital compares favourably with that of any other medical school in London, and the new women's ward, comprising as it will a separate ward for maternity cases, will enable the medical school to meet every requirement of education in this branch of medicine.

Here, as elsewhere, it is found to be hardly sufficient to provide students with opportunities for seeing cases.

Definite instruction upon the cases seen, and opportunities of holding appointments which bring the student into responsible relationship with the patient must be provided. With these objects in view two important steps have recently been taken.

The number of appointments tenable by students has been increased by more than 150 a year, and of these the majority are in the special departments. It is hoped by these means that each student educated at Guy's Hospital will obtain a practical acquaintance with every class of disease in preparation for his work as a general practitioner.

At the same time to augment the teaching in the two most important departments additional staff appointments have been made. Mr. J. H. Targett has been appointed registrar and tutor in obstetric medicine, and Mr. Bellingham Smith, registrar and tutor in ophthalmic surgery. The Surgical registrarship vacated by Mr. Bellingham Smith has been filled by the appointment of Mr. C. H. Fagge, and Mr. W. S. Handley has been elected a demonstrator of anatomy in place of Mr. Hamilton, resigned. Mr. Steward has been appointed anæsthetist to the dental school, and Mr. J. L. Payne curator of the dental museum.

The number of new students who entered the school for the full curriculum during the year ending October, 1896, was practically the same as in the preceding twelve months. The influence of the addition of a fifth year to the curriculum upon the numbers of our students is still felt, and we lack somewhat of that keen competition for appointments which is looked upon by the staff as of great value in ensuring the highest possible standard of work. Notwithstanding this, the returns from the Universities and other examining boards of the results of public examinations continue to give satisfaction to our teachers.

At the intermediate examination for the degree of Bachelor of Medicine at the University of London last year, Mr. C. T. Hilton obtained the exhibition and gold medal in materia medica and pharmaceutical chemistry, and honours in all subjects, and Mr. D. J. Monro obtained honours in organic chemistry. At the final examination for the M.B., Messrs. N. H. Pike, A. H. Spicer, and E. Ivens Spriggs, obtained honours. At the M.D. examination Mr. Alfred Salter was awarded the gold medal. An increasing number of our students pursue their medical studies during the second year of their curriculum at Newcastle, and thus become eligible to proceed to a doctor's degree in the University of Durham.

Important alterations in the probationary period of study for those preparing for the Licence in Dental Surgery have been recently effected, with the object of ensuring still greater technical skill on the part of students trained at Guy's Hospital, and maintaining the success at the examinations of the College of Surgeons.

Since the issue of the last report the school has had reason to regret the loss of the valued services of Mr. Lushington, who has retired from his office after twenty years' service as treasurer of the hospital, and official head of the medical school. Mr. Lushington has handed on to his successor, Mr. Cosmo Bonsor, traditions, unimpaired since the school was founded, of the keenest solicitude on the part of the governors for the welfare of the medical school. Already we have had numerous evidences of Mr. Bonsor's willingness to devote himself to the interest of the staff and students, and we have further proof to-day in Mrs. Bonsor's presence to distribute the prizes to the successful competitors.

House Committee.

THE House Committee have sanctioned the following alterations with regard to the regulations for the nurses meals:—

A nurse who is off duty in the afternoon is no longer required to return to tea in the dining-hall of the hospital, she may if she prefer have tea elsewhere, provided that she return to her wards at the proper time.

Probationers will go to supper at 9 o'clock. The meal lasts till 9.30, and is followed by prayers in the chapel.

The head nurses will have supper at 9.30, and neither probationers nor head nurses will be required to return to their wards when supper is over.

The night nurses will breakfast at 8.35 p.m., instead of 8.50 p.m., and on Sundays they will be allowed to go to Chapel at 7 p.m., instead of attending the morning service as heretofore.

Hospital News.

CLASSIFIED LIST OF CASES.

"Clinical."

JOHN	4.	? Empyema. Exploration.
	8.	Pneumonia.
	10.	Appendicitis. Abscess. Drainage.
	12.	Appendicitis. Gangrenous appendix.
	13.	Myocarditis. ? Alcoholic.
	15.	Pneumonia.
	16.	Acute rheumatism.
MIRIAM	17.	Pneumonia.
	18.	General peritonitis.
	19.	Carbolic acid poisoning.
	20.	Mitral stenosis and regurgitation.
	23.	Carcinoma recti. Colotomy. Removal of growth.
	24.	Pneumonia.
	25.	Septic endocarditis.
	26.	Typhoid.
	27.	Acute intestinal obstruction.
	29.	Mitral stenosis and regurgitation.
	30.	Pneumonia.
	31.	Pneumonia.
	33.	Diphtheria. Tracheotomy.
	36.	Meningitis.

Notes from "Clinical."

April 1st to May 16th.

During the last six weeks there have as usual been some troublesome problems to solve and some cases of considerable interest.

One of the cases which is still obscure, even after the autopsy, presented the following features:—a man, who had had syphilis, and had been suffering for some months from severe tertiary ulceration of the elbow and leg was admitted for marked anæmia, abdominal pain, and the passage of blood in the urine. He was a painter by trade. On admission, a blue line was found on his gums, and there was a loud mitral regurgitant murmur. Some years ago he had had rheumatic fever. After admission, he vomited a little blood, and as he suffered from constipation a small dose of sulphate of magnesia was administered. This acted freely, and shortly afterwards he began to pass blood in his motions and ultimately succumbed to uncontrollable diarrhœa. Throughout his illness there was a moderate degree of pyrexia. Among the diagnoses discussed during life were ulcerative endocarditis, pyæmia, lead-poisoning, lardaceous disease from syphilis, and some anomalous form of purpura. At the autopsy, the heart was found the subject of old rheumatic endocarditis, and the colon was throughout blackened, acutely inflamed, and ulcerated. The blackened intestine was analysed by Dr. Stevenson, and found to contain traces of lead and bismuth, the latter drug having been given with a view of controlling the diarrhœa. On the whole the condition seemed most easily explained by lead-poisoning. Hæmaturia is not a common result of lead but appears to have been noted by some observers. A colon preserved in the museum presents somewhat similar appearances to those found in this case, and it, too, was taken from a painter, who was admitted for lead colic and died from uncontrollable diarrhœa after the administration of purgatives. Two other cases of ulceration of the colon were in the ward at the same time, the first, apparently following injury, formed the subject of one of Dr. Shaw's clinical lectures, the other, associated with chronic phthisis, was fully reported in the Gazette last month.

Two cases of acute and one of chronic intestinal obstruction were admitted and all three were operated upon. The two acute cases were both found to be due to bands which were divided with entirely satisfactory results. The boy's case was given in the Gazette as a case for diagnosis, some difficulty having arisen at the time of his admission in determining the existence of obstruction owing to the complete absence of collapse and other indications of a grave abdominal condition. This was explained at the operation by the looseness of the band, which had allowed many feet of intestine to pass under it without producing strangulation. The chronic case was the usual malignant stricture of the sigmoid, and was effectually treated by left inguinal colotomy.

Only one case of perityphlitis came under treatment, a striking contrast to the large number admitted in the first six weeks of the year, to which Dr. Pitt referred in a clinical lecture reported in the Gazette. In this lecture, Dr. Pitt endeavoured to connect the great prevalence of the condition with an epidemic of influenza. The solitary case admitted in the last six weeks came in with an indefinite fulness and slight pain in the right iliac region without fever. Subsequently an exceedingly well-defined swelling appeared and pyrexia developed. The evacuation of the pus was speedily followed by recovery.

An interesting example of the spontaneous cure of an empyema was observed. A feeble man, of about 70 years, developed an empyema on the right side after pneumonia or influenza. Owing to his age, and on the chance of its being a pneumococcal empyema, the pus was aspirated; it reaccumulated and an attempt was made to wash out the pleural cavity through two cannulæ. This was unsuccessful, and while the question of resorting after all to an incision was being discussed, the patient began to spit up pure pus. Some pints were expectorated, and although the patient became exceedingly exhausted during the process, he appeared eventually to empty the cavity. The lung, of course, did not re-expand much, but with a good deal of encouragement the patient was persuaded to get about, and ultimately was discharged in very fair health.

In three cases the injection of antistreptococcic serum was resorted to, and in one at least appeared to have very satisfactory effects. This was a woman, admitted with symptoms of acute general peritonitis; the abdomen was swollen and tender, and a peritoneal rub was heard over the liver. On vaginal examination, the os was soft and patulous, and there was a sanious discharge. Dr. Horrocks was called in and expressed the opinion that an abortion had recently occurred or was impending, and that there was a general infection of the peritoneum. An ovum was discharged the next day. Injections of antistreptococcic serum were administered on the night of admission, and each morning and evening for the succeeding three days. After this the vomiting, furred tongue, abdominal swelling, and other signs of general peritonitis subsided and the patient made a slow recovery.

A second case was in that of a boy, sent over from the surgical wards as possibly a case of influenza. He was originally admitted as a case of osteomyelitis of the femur, with a history of pain in his leg for a fortnight. No localized swelling or tenderness could be made out in the surgical wards. After his admission to Clinical a purpuric rash developed, and pyæmic subcutaneous abscesses appeared on his hands and forearm. His temperature reached 105°. He died the day after his admission, and injections of antistreptococcic serum appeared to have no influence upon his temperature or on the progress of his disease. At the autopsy, a small periosteal abscess was found at the neck of the femur, and there was septic myocarditis.

The third case was a woman, operated on for a sloughing fibroid of the uterus, after which a sinus persisted and discharged pus for some weeks. Eventually she developed endocarditis which was looked upon as pyæmic in origin. She appeared somewhat better during the injections of the serum, but there was some difficulty in establishing the direct influence of the treatment.

In two children, dying within a day or two of each other from rheumatic heart disease, a very severe pain in the lower part of the right chest was found to depend upon acute localised perihepatitis. In both cases a loud rub was heard over the liver. In one instance the rub was audible all over the lower part of the thorax, and was for a time considered to be due to pleurisy. Such a condition does not seem to be generally mentioned in the text-books and the possibility of mistaking it for pleurisy should be borne in mind. In neither case was any inflammation of the peritoneum found elsewhere, nor was the cardiac congestion of the liver specially acute or severe.

The patient whose case perhaps gave rise to the greatest amount of interest and discussion was a man about 50, who was admitted with all the usual signs of chronic cardiac failure—œdema, large liver, albuminuria, and rapid, irregular pulse—having never suffered from rheumatic fever, and presenting no clear indication of Bright's disease. There was dulness in the front of the left chest extending upwards to the clavicle, inwards to an inch or more across the sternum, and outwards to the axilla. The dulness, which was absolute for the most part, was a little less marked at the periphery of this area. The heart-sounds were loudly audible to the right of the sternum, and epigastric pulsation was clearly palpable. The authorised diagnosis was pericardial effusion, but some adherents were found for localised pleuritic effusion, greatly dilated heart, aneurysm, mediastinal tumour, and even dermoid cyst. On two separate occasions attempts were made to reach the supposed fluid with exploring needles without success, and as the patient, notwithstanding very slight alteration in the physical signs, made slow but persistent progress towards recovery, a suggestion that by removal of the cartilages, and parts of the third and fourth ribs, the condition could be diagnosed, and any fluid found removed, was not acted upon. The patient went out still very dull as to the front of his chest, but steadily improving in health.

Gynæcological Out-patients.

Mrs. M. A. S., aged 46, who only does her own housework, complained that she had a dull aching pain in bottom of her back, and that her womb protruded like a child's head outside the passage. She had been gradually getting worse during the last nine years.

Menstruation commenced when she was 14; she always has been and still is regular every four weeks.

Pregnancies.—She has been pregnant four times; she has had no miscarriages. All her labours were difficult, instruments being used each time. Her last child is 5½ years old.

Lactation.—Normal.

Vaginal discharge.—She has a watery discharge which is streaked with blood; at times it is slimy and offensive and occasionally there is bleeding.

Micturition.—She cannot hold her water.

Defæcation.—Normal.

On examination.—The patient was found to be suffering from a complete procidentia, with an ulcer over the cervix.

Treatment.—The uterus was restored and kept in position by a Zwancke's pessary. She was told to remove the pessary every day; this was necessary as she had previously worn the instrument for six months without removing it. She had removed it as it had caused her so much pain that she preferred the procidentia to wearing the instrument. Internally she was given:—

Ext. Ergotæ Liquidum	...		℥xxx.
Tr. Aurantii ...	...	...	℥xxx.
Aquam	...	...	ad. ℥j. t.d.s.

Dr. Horrocks, when examining the case, remarked that cases of complete procidentia were rare; he had only seen about forty cases. This was a case of complete procidentia; the whole uterus could be distinctly felt outside. The supra-vaginal cervix was not elongated. We were told to notice that ulceration occurred not, as one would expect, where there was most friction, that is on the sides of the uterus where it is rubbed by the thighs, but at the most dependent part, where there is no or very little friction, which is often the margin of the cervix uteri. The ulceration is true but simple ulceration, there being a loss of substance. The ulcers do not bleed readily on being touched, and only in very rare cases do they become malignant. (Dr. Horrocks has only seen one case in which the ulcers became malignant). Some say in these cases the uterus is not enlarged; in this case the sound passed three inches. We were shown the perineum, which was a good one, not having been ruptured to any extent in any of her confinements.

A woman came up who had a cyst on the posterior vaginal wall. We were all advised to look at it as we might never see one again. Cysts on the posterior vaginal wall are usually in the median line, while those on the anterior vaginal wall are on one side of the median line.

A married woman was examined who denied ever having been pregnant. Her os felt as if it had been split.

Dr. Horrocks believed her story, as there was no reason why she should deny that she had been pregnant; there were no signs of a previous pregnancy (linea albicantes on the abdomen or breasts), and lastly, because this condition of the os occurred congenitally. Dr. Horrocks remarked that an inexperienced person was very likely to be deceived, unless he was on his guard, by a condition like this.

In the Post-Mortem Room.

A woman, æt. 55, came up to the front surgery in a very collapsed condition, complaining of bleeding from the vagina. She was found to have cancer of the uterus much too advanced for operation, and died a few days later. *Post-mortem.*—The cervix was completely eaten away by an ulcerating growth, which had also removed nearly the whole of the posterior wall of the bladder, and the vagina was covered with white masses, chiefly phosphates, from the urine. The body of the uterus was a mass of hard white growth and the broad ligament, Fallopian tube and ovary were quite free from growth. The rectum was fixed by adhesions to the uterus, but was not invaded by growth. The interior of the bladder was ulcerated and covered with nodules of growth. Both ureteric orifices were constricted by hard masses of growth. Both ureters were much dilated, each measuring three-quarters of an inch across. The pelvis and calices of both kidneys were also much dilated. The kidneys were very hard and tough, capsules adherent and perinephritic fat also firmly attached. The surface of the kidneys were granular, with numerous small cysts. The cut surface of the kidneys were very pale, with very little cortex and showed numerous small white points of fatty degeneration of the tubal epithelium. There was no inflammatory change present. It was remarked that there was probably a considerable amount of tubal degeneration in addition to the well-marked interstitial change.

A boy aged two was admitted with a two months' history of cough and wasting. On admission, he had a temperature of 101°, and signs of fluid at the left base. A needle was put in and pus found; an incision was then made in the sixth left space and opened up a cavity in the left lower lobe; two days later the boy died suddenly with profuse hæmatemesis and hæmoptysis. *Post-mortem.*—The posterior half of the left lung was fixed to the chest wall by recent adhesions. In removing the left lung from the thorax a large cavity occupying nearly the whole of the upper half of the left lower lobe was opened, its walls were ragged and irregular, and it contained some thin greenish-brown fluid with an extremely foul smell; this was the cavity opened by the operation. Internally this cavity communicated by a narrow tract with a second cavity just below the bifurcation of the trachea, formed by breaking down and gangrene of the bronchial glands. Posteriorly this latter cavity opened into the œsophagus.

The lower half of the left lower lobe was solid, hard, firm and not friable, forming a chronic pneumonia. A few patches of broncho-pneumonia and some miliary tubercles was found in the right lung; there was a quantity of blood in the bronchi and trachea. A small round opening with thin cut edges was found in the anterior wall of the œsophagus just below the bifurcation of the trachea, and communicating with the cavity formed by the breaking down bronchial glands. The stomach and intestines contained a good deal of blood. The breaking down bronchial glands was thought to be the primary cause, opening on the one hand into the lungs, and on the other into the œsophagus.

The demonstrator remarked that breaking down bronchial glands not infrequently open either into a bronchus or into the lung itself, and that localised phthisis in children is often so started.

Teaching in Sanitary Science.

THE systematic teaching of Public Health and Sanitary Science has only within quite recent years become part of the curricula of the different hospitals, and the public health section at Guy's is one of the most lately instituted of all the school departments. We are not here speaking of the mere theoretical course of hygiene which is now compulsory on every student under the five years' regulations, but of the practical laboratory instruction required before a qualified medical man is allowed to present himself for the London or Cambridge D.P.H. or the more ambitious "M.D. in State medicine." Owing to the comprehensive nature of the syllabus for the D.P.H., and the ever-increasing demands of examiners and examining-bodies upon candidates' knowledge, the equipment of the laboratories has undergone considerable extension and improvement during the past session, so that they are now fully abreast of modern requirements and recent advances.

The whole course of preparation for the diploma is spread over six months, from October to April, and the student spends the first half of this period in acquainting himself—by the aid of Dr. Washbourn and Mr. Pakes—with the morphology and life-history of micro-organisms, pathogenic and non-pathogenic. Bacteriology, in fact, occupies the major part of his attention during the first three months, though some time is also devoted to what the syllabus facetiously describes as a "Knowledge of Microscopy." The latter consists in learning to recognise under the microscope a heterogeneous assortment of starches, fibres, plant-parasites, beetles, mites, ticks, and other kindred wild beasts—information about as useful to the average medical officer of health as Hindustani or Arabic. However, the collective wisdom of the framers of the London and Cambridge syllabus has decreed that such knowledge is essential in the aspirant to the responsibilities, dignities and emoluments of a medical officership of health; and therefore he religiously and laboriously, from October to December, endeavours to discriminate between the starch from a horse-bean and that from a French-bean, between hair from a camel and that from a kangaroo, between feathers from a domestic fowl and those of the common or garden Bird of Paradise.

Having succeeded in assimilating the above mysteries and other collections of facts of an equally absorbing nature, he proceeds in January to the analytical work

proper, which together with physics and meteorology are studied under the supervision of Mr. Hopkins. In this class the chief attention is directed to the examination of drinking-water, and exhaustive investigations are carried on as to the potability or otherwise of different samples. The class has the advantage of being able to obtain, through the Clinical Research Association and Dr. Stevenson, waters from many different sources in actual use, *e.g.*, from stagnant horse-pond water supplied to hop-pickers, or the "diluted sewage" of the East London Water Company, to the purest specimens from moor uplands or deep wells. In addition, the complete examination of milk is taught for the ascertaining of adulteration, cream-abstraction or addition of deleterious preservatives. Much trouble was also expended this year on the analysis of butter, margarine, alumed bread, flour, and different brands of lime-juice and vinegar; whilst not only is instruction given in quantitative gas and air-examination, but the methods of making up the necessary standard solutions are also gone through. This is the first year that so pretentious a course has been attempted, and we believe that for enterprise and thoroughness Guy's is in this respect as in others far ahead of any rival hospital. As an outcome of the zeal engendered by the class, certain sanitary-minded persons might recently have been seen subjecting the Residents' coffee to a severe scrutiny. We are glad to say, however, that it has not been found necessary to prosecute the Senior Charity for supplying the top table with an adulterated beverage, as the absence of chicory has been satisfactorily determined. The milk, both of the Express Dairy Company and Norton, from whom the Charities, Externs and other College inhabitants mostly derive their daily allowance, has also been commended.

As regards the physical and meteorological section, and the hygrometers, barometers, anemometers, and other instruments and apparatus displayed in the class, we need here speak but little. Suffice it to say that we thought we had said good-bye for ever to that dreadful Dew-point, and to those appalling Glaisher's factors and Apjohn's formulæ when we finished the preliminary scientific. We found, however, that making their acquaintance in actual practical observations was a much less severe trial than newly reading about them in Ganot's "Physics," or Balfour Stewart's "Heat," as we used to do.

The most entertaining, as well as the most useful part of the whole public health course, we found to be the Saturday afternoon excursions with Dr. Sykes. Dr. Sykes is an enthusiast, and unless he be a very phlegmatic individual indeed, the D.P.H. candidate will very soon become infected with some of Dr. Sykes' sanitary ardour. "Outdoor practice," as the syllabus calls it, is conducted by this gentleman on alternate Saturdays, and visits are paid by the class to all sorts of weird and odoriferous neighbourhoods. Slaughter-houses, sewage-farms, knackers'-yards, dust-destructors, dust-sorting wharves, bakehouses, canal boats, common lodging-houses, some choice slums, and other interesting places were amongst the list of spots "coming under the cognizance of the Local Authority," to which our party paid its respects. The expedition was usually preceded by an hour's lecture at Dr. Sykes' house on the legal points connected with the particular object of the afternoon's visit. "Sanitary law" is by far the most troublesome part of the whole D.P.H. examination, and the appalling verbosity and prolixity of legal phraseology, together with the endless sections and sub-sections and clauses and sub-clauses and schedules and specifications and references and cross-references and decisions and opinions is terribly bewildering at first to the medical mind. However, we cannot speak too highly of the trouble Dr. Sykes took to expound an admittedly difficult and dry subject, and the fact that the members of the class have emerged so triumphantly from the examination ordeal demonstrates the success of his efforts as well as those of the teachers of this department.

A. S.

The Electric Department.

INSTITUTED at the latter part of the last century, the Electrical Department at Guy's was one of the earliest attached to any London hospital. Perhaps its more serious work began about sixty years ago, under Dr. Addison and Mr. Golding Bird, who used it especially in the treatment of chorea, and with good results. With increased knowledge of the physical science its methods of application has altered considerably, and static electricity has given place to Galvanism and Faradism. "Sparking" from electrical machines, and by Leyden jar discharges—till an eruption appeared—has had its day, even now Faradism is startling enough to nervous patients, what must it have been then?

Patients come up for treatment for a great variety of nervous disorders, both functional and organic, and so there is opportunity for gaining excellent experience in nervous cases—so often admittedly difficult—and Dr. Pitt, who is in charge of the department, spares no pains in pointing out the clinical aspect and pathology of the cases as well as their treatment. Amongst the cases most often seen are those of paralysis, due to a variety of causes, as plumbism, splints or crutch, and not unfrequently alcoholic and traumatic combined, this class of case more generally known to students as "Saturday nights," hemiplegia, infantile paralysis, osteo-arthritis, etc., and rarer diseases as syringomyelia, progressive muscular atrophy, pseudohypertrophic muscular paralysis, etc. Amongst these, of course, the chronic cases tend to accumulate.

In the treatment of more acute cases, as when injury to a nerve has caused temporary paralysis, the muscle is kept in training, so to speak, till the nerve control is re-established, or in helping the absorption of inflammatory material in tendon, sheath, or other analogous situations, in osteo-arthritis, or any condition of local im-

paired circulation, as in Raynaud's disease, electricity is most useful and successful.

Besides the therapeutic work, testing the electrical reaction for diagnosis is done, and so students have great facility for becoming acquainted with the apparatus required and its methods of use.

Skiagraphy has recently been introduced into the hospital, and this work is also in charge of the department. It is getting well through the experimental stage and very good results are being obtained.

Guy's Revisited.

(BY A VERY OLD GUY'S MAN, MAY 26TH, 1897).

And this is Guy's; revisited at last!
Without, all's architectural alteration,
Within, o'er all the wildering wave has past
Of innovation.

I ponder on the flight of time—and Time
With a big T, in time, appears a bogey;
And then a vague suspicion comes that I've
Become a "fogey."

The "light of other days" seems thrice distill'd,
Darkness, viewed by to-day's electric flashes!
Our Text Books, I suppose, were chiefly filled
With blanks and dashes.

Facts did'nt want so much revision then—
Or if they wanted it, they did'nt get it;
And if a Theory chose to live for ten
Years, why we let it!

The Sciences' triumphant march to-day
Measured by seven leagued strides and giant leaps is;
And in a twinkling men discard the spray
And "run" asepsis.

I mind me, when "fibrinogens" were not;
And no Examiner could well rebuke us,
If in a *vivâ* we had failed to spot
The groove of Lucas.

Yet even in those darkest ages we
Occasionally made a diagnosis—
Without the aid of Weichselbaum, or B.
Tuberculosis.

And then consider what we used to do
By way of treatment.—Hullo! well I never!
Why there's my old friend Jones, and looking, too,
As young as ever.

How *are* you? Fancy meeting here at last!
In spite of architectural innovation,
I somehow feel there's something in the past
Past alteration.

The Greco-Turkish War.

(From our Special Medical War Correspondent.)

"EASTWARD, HO!"

THE first thing I should like to call attention to, is that the nurses mentioned by the *Daily Chronicle* as having gallantly stood by the wounded under fire at the front, were nurses Skerman and Coombes of Guy's.

People in England can have no idea of the awful inefficiency of the medical arrangements of the Greek army. There is *said* to be a medical staff corps, but, as regards the Philhellenic Legion, such a thing might be non-existent. The transport arrangements for the wounded at the front are absolutely nil; they have to be conveyed from the fighting to the coast on rough, springless native waggons, the vibration of which has terribly aggravated the injuries of the patients. As a case in point, I may say that a soldier was shot in the back of the thigh, and a temporary dressing and splint were applied. On his arrival at the hospital, there was a slough, caused by the friction of the splint, as large as one's open hand. What the agonies of the poor fellows during these rides must be cannot be described. On leaving the front, the wounded are distributed between the following hospitals:—

(1) Military Hospital, Athens.
(2) Military School, Athens (now transformed into a hospital.
(3) Greek Red Cross Hospital, Athens.
(4) Mme. Palli's private hospital, Athens.
(5) English Hospital, Piræus.
(6) English Hospital, Chalkis.

Roughly, the ambulance arrangements are as follows:—The wounded are conveyed from the vicinity of the fighting to the coast in rough native waggons. They are then put on board the Red Cross steamers and shipped to Corfu or Piræus, as the case may be, when they are distributed among the various hospitals. As regards the nursing arrangements in the Greek hospitals, there is not much to be said, for the simple reason that there are none. As far as I can gather, they rely chiefly on a system of orderlies, together with a few ladies who have given their services since the war began. * One of the late patients told me that in cases where the patient was helpless and needed any convenience, he had to be assisted by such others as were not helpless, whilst these in turn had perforce to wait on themselves. I have it on excellent authority that no anæsthetics are employed, the idea being to accustom the men to suffering. One would have thought everything would have been made as comfortable as possible for men who had fought and bled for their country.

As regards the cases treated by the English surgeons, one-fifth of the total wounded were injured by stones and pieces of loose earth thrown about by exploding.

* This I cannot vouch for, though I do not think it improbable.

shells. The others are practically all gunshot wounds, some of them being of a very interesting nature. For instance, in one case the bullet entered just in front of the external auditory meatus, and passing inwards and forwards in an oblique direction shot away nearly the whole of the palate. The patient lived about a week after his removal to the English hospital, and eventually died from septic trouble. In another case, there was some doubt expressed by German doctors as to whether one bullet or more was the cause of the injury. One man was struck in the upper part of the left thigh by a shot (at least this is Moffat's opinion, and it certainly seems the more likely on inspecting the wound), which passed slightly downwards and inwards through the perinæum. It now grazed the perinæum, and entering the upper and inner part of the right thigh was deflected slightly backwards, and passed out on the upper and postero-externo aspect of the thigh. Another case, though not very interesting from a surgical point of view, deserves mention because it shows the way these people show their gratitude. The man (an officer) had been struck by a bullet on the outer side of the foot; it passed in the direction which seems almost a constant feature of all the bullet wounds I have seen out here up to now, *i.e.*, *from behind*, obliquely forwards and inwards. (N.B.—It is the "from behind" I mean.) I gave the anæsthetic, and, cutting down on a prominence over the metatarso-phalanged joints, Moffat soon had the bullet out. A comrade of the patient, who (himself wounded) had been permitted to be present at the operation, wanted to hug Moffat on the spot, and, indeed, when the patient was taken back to the ward and recovered from the anæsthetic, he seized on his prey, and dragging him down on the bed, covered his face with kisses of gratitude.

Another very interesting case is one of a smashed hand, which was amputated before admission. The stump, though not fulfilling all the requirements of a "good stump," looked perfectly healthy until about a week ago, when a severe dermatitis, running on to formation of pustules, set in, which has so far resisted treatment. The peculiar feature is, that all the glands in the supra-clavicular region became enlarged and eventually suppurated—they were opened this (Monday) morning—whilst the axillary glands only enlarged slightly, and never gave any trouble to the patient.

I mentioned above that the striking feature about most of the wounds is that they were inflicted from behind. The explanation of this is too obvious and unhappy to need repetition. I have not seen *any* in a direct course, but nearly all seem to be *oblique* from behind, or from the side.

There are three cases here with bullets through the lungs, but beyond the ordinary symptoms, such as hæmatemesis, etc., there is nothing remarkable. One of them however, first received the bullet through his left arm, and now has a great degree of hyperæsthesia down the arm and hand, which does not seem to correspond to the distribution of any particular nerve.

I cannot help thinking that the number of wounded has been greatly exaggerated by the English papers. Certainly there are many flesh wounds, but it is my own idea that there are not nearly as many cases an one would suppose.

I believe the fighting is all over, and there is scarcely anything worth staying for. I heard from one of the Garibaldi legion that Moon is in Lamia. If there is any chance of my going there and being of use (I hear he is short-handed) I shall do so; otherwise it is scarcely worth while remaining here to be roasted in the heat for nothing, so there is a possibility that my feet may tread the well-beloved colonnade once more ere long. And now to catch the mail, so *au revoir*.

P.S.—The Guy's detachment out here will be photographed in a day or two. We shall send you one of the groups.

(From our Special Nursing Correspondent.)

L'Ecole Militaire, Athens, *May 24th, 1897.*

A fortnight ago yesterday, Nurse Davidson and myself had our career at the Military Hospital brought to a sudden close, upon the reception of an order from the Crown Princess to leave there at once for our present address.

Already four English nurses were in charge here, and she was anxious to supply some of the other wards in this big place with trained nurses; so without delay, we once more packed our kit bags, and with our bedsteads on the roof of the carriage, and our rugs and sheets inside with us, we started forth to a new field of work.

It was Sunday afternoon, and pretty nearly all the populace were outdoors surveying us and our somewhat singular turn-out with true Greek curiosity. The driver drove with that casual recklessness peculiarly characteristic of the Jehu species in Athens, and as we bumped and rolled over the uneven ground of the common in front of the Military School, fears really seized us for the safety of our vehicle and luggage. Nor were they entirely unfounded; for at last, it really did happen that both bedsteads tumbled off the roof, and were only replaced after an immense amount of gesticulation and shouting! One of them has been rather shaky ever since, and has acquired a provoking habit of allowing the mattress to slip off it during the night, somewhat to the discomfort of the occupant.

Taking the Military Hospital and L'Ecole Militaire together as buildings, the former suffers very much by the comparison. Here we live literally "in marble halls," and our two wards are really palatial as regards architecture and decoration, the ceilings alone being quite works of art, and being supported by handsome marble pillars. Ventilation, too, is good, the Crystal Palace itself hardly boasting of more windows; but otherwise, the sanitary arrangements are practically nil, the place, of course, not having been designed for a hospital; and herein lies one of our chief difficulties.

We found some patients already awaiting us, who had chiefly been brought from Velestino, and scarcely had we washed and got them into something like order, before others came pouring in from Domokos, and then our hands were full indeed. All one afternoon they kept arriving; open carriages driving up constantly, each with two stretchers across the top with its own burden of discomfort and pain.

Italians, Greeks, French, Germans, and even Englishmen were all represented among the crowd. The wards filled up rapidly, and soon there was not an empty bed to spare. They were glad enough, poor fellows, to find themselves in bed after the long wearisome journey, which, in one case of fractured tibia, had been performed on a mule, on horseback, and in a jolting cart, to say nothing of the crowded boat, where they lay head to heels, and the final stretcher ride into Athens.

Of course, for a few days after that influx of patients, dressings and operations were going on all the time, and an hour off duty was a thing to be dreamed of.

Now, however, that things have subsided a little, we do manage to get outdoors by turns, for we find it necessary if we would keep well. It is getting very hot, and in the middle of the day it is very difficult to do any work.

The doctors are rather more antiseptic here than at the Military Hospital, and they even boast a theatre and a sterilizer. A good deal is done without an anæsthetic in the way of extracting bullets and bits of shell, and we both possess some trophies in that line—murderous-looking things when wielded by Turkish hands.

The other day, one of our patients returned to the ward after an operation, cold and somewhat collapsed. Hot bottles being unknown, I covered him with rugs, and did the best I could for him. As soon as he came round a little, he was given a cigarette, and I received orders from the doctor to give him some hot tea with "lots of brandy in it," without, however, specifying the amount. I had previously put a kettle on to the gas stove to boil, with a view to making some tea for ourselves, being true Guy's nurses, and therefore tea drinkers, but on looking round, I found the kettle had vanished, and no amount of searching nor enquiries of the orderlies in bad French and worse Greek, could elicit any news of it. I had almost given up in despair, when it was at last triumphantly produced by the doctor himself from the patient's bed, where he had wrapped it in one of the new rugs and made it do duty for a hot-water bottle.

Twice a day the Crown Princess visits our wards regularly, and never comes without bringing some needed comfort or little luxury for the patients. She keeps us supplied with flowers, which give an English and home-like look to the tables, and sits by the patients' bedsides for hours together, cheering them by her sympathetic presence, and listening with interest to all their stories of the war.

Athens is still in a very unsettled state, and many families have left it, not so much from fear of a Turkish raid as from the Greeks themselves, who are becoming demoralised, and need but small incentive to break into open riot. Many private citizens patrol the streets daily to prevent mischief, for although the war is practically over, things still look rather threatening, and might become dangerous at any moment. However, we hope the worst is over now, and that our stay here will not be a protracted one.

No one but ourselves can tell how we shall appreciate our own country again, nor how we sometimes long for a slice of English bread and butter, and a dish that is *not* dressed with orange-coloured oil! Barley bread and goat's milk may be nourishing, but to us they are not appetising. However, these things are but trifles, and if we can feel we have been of use out here, we shall not regret having come. We are keeping well and in good spirits, and are looking forward to our return, though we fear that will not be in time for the Jubilee.

E. M. FOX.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

Unauthorized Testimonials.

DEAR MR. EDITOR,—I have just read in your number of the GUY'S HOSPITAL GAZETTE for May 22nd, a notice of an advertisement for a certain meat-juice in which appears what might be considered a testimonial signed by me. You kindly added to your notice the opinion that this "testimonial" must have been published without my authority, and I can assure you that in that conclusion your are quite right, for I have never sanctioned at any time the publication of any opinion I may have formed or expressed of any article of commerce, indirect or otherwise; nor have I ever allowed the advertisement of any wish I may have written in any lay paper or periodical. How the notice of the meat-juice has been obtained I know not; but such, if ever written, was never given for the purpose for which it has been employed.—Believe me, ever yours sincerely,

THOMAS BRYANT.

65, Grosvenor Street, Grosvenor Square.
May 25th, 1897.

The Need of a Guy's Hospital Fire Brigade.

SIR,—It has often occurred to me how disastrous the outbreak of a fire would be at Guy's Hospital, particularly in the old surgical wards. If once these got fairly ablaze, there is hardly a doubt that the old timber of which they are composed would burn itself completely out, and that very rapidly. In view of the enormous loss of life which would no doubt occur—so many of the patients in these wards being absolutely bedridden and helpless for the time being, as a result of surgical operations and fractures

and other accidents—it has been very forcibly impressed upon me that no adequate means exist for rendering prompt and efficient aid in the event of such a catastrophe. When we consider the dreadful loss of life that occurred in the terrible fire at the Charity Bazaar at Paris in a comparatively few minutes, it seems almost courting a similar disaster in our own institution. In this case, too, there were means of rapid exit from the building, but no preliminary precautions adopted to make these effectual in practice. I now strongly advocate the formation of a Guy's Volunteer Fire Brigade. Here excellent material is ready to hand; to perfect this, drill is absolutely necessary once or twice a week. Each man should have his post allotted to him in case of fire, which at drill he should at once proceed to on the fire alarm being sounded. Thus some men would be told off for the rescue of patients, others for the working of the hose, fire engines, ladders and escapes.

How much more promptly all these would be got to work by drilled men, who had frequently practised the duties as a drill? On the outbreak of a fire each man would go promptly and quietly to his post, knowing his exact duties. On the other hand, the undisciplined material would go to work in an excited, hurried and impromptu fashion. There would be no one in command, everyone would be frantically rushing about, wondering what he was to do; all would be chaos and confusion.

As an army man, I fully know the value of discipline, drill and efficient training. Guy's would thus set an excellent example to other hospitals. There should be a weekly duty roster among the men of the Brigade, who should be available for the first call, and responsible that gear, hose, &c. was in proper working order.

Ere an efficient supply of fire engines could reach Guy's, a fire of any magnitude in the surgical wards would probably be past all chances of extinction.

I feel sure aid and instruction for drilling could easily be procured from the Metropolitan Fire Brigade. Now for uniform. Let me suggest dark blue, edged with yellow braid.

Trusting you may find room for this letter,—I have the honour to be, Sir, your obedient servant,

G. T. RAWNSLEY,
Surg.-Captain, A.M.S.

Pass List.

University of London, May, 1897.

FINAL M.B. EXAMINATION.

FIRST DIVISION.—R. H. Ashwin.

SECOND DIVISION.—E. S. Dukes. A. Earnshaw, E. Fisk, J. Moore, S. Whicher.

Final Fellowship Examination, May, 1897.

(Unofficial list).

H. A. Duffett, W. S. Handley, T. M. Thomas.

The Re-Endowment Fund.

ALTHOUGH the fact has already been publicly announced, it is right to record in this column the receipt of £10,000, being a grant made by the executors of the late Mr. William Andrew Guesdon towards the Re-endowment Fund, thus bringing the total of the fund to date to £194,000.

We are satisfied to progress steadily towards the goal of re-endowment, but the chances of progress are much jeopardised by the inaccurate statements and careless conclusions which so often mar the columns of the press. One contemporary, commenting on the recent visit of the Prince of Wales, commenced a leader last Sunday thus:—"Guy's Hospital has obtained its re-endowment fund, which is a matter on which all concerned are to be congratulated." The writer can only have evolved this information out of his own imagination, but it will do its work all the same, and no reader of the journal in question will now contribute anything towards the £304,000 which we still require.

The newly-named Queen Victoria ward will be reopened in due course, but the money has to be found to keep it going. Will any of our friends endow or make themselves responsible for £50 a year to support one of the forty beds? Approached in this way, the financial problem becomes less formidable.

From the Gazette's Special Pathologist.

NOTICES.

E. R. M., HASTINGS.—No actinomyces could be found in the pus.

F. E. N., ROCK FERRY.—After incubation on blood-serum the resulting growth consisted of Klebs-Löffler bacilli associated with staphylococci, etc.

F. H., NEW FERRY.—No tubercle bacilli could be found in the sputum.

W. E. T., NOTTINGHAM.—This small tumour consists of both epidermis and true skin, having the characters normal to the skin of the nose so far as the normal structures are concerned. At the juncture of the epidermis and cutis numerous pigment-bearing cells are seen, tending to be arranged in lines parallel to the pallisade layer of the epidermis, and also in this layer. This is really little more than an exaggeration of the normal pigment layer of the skin, and simulates what is seen in negro's skin, and is frequently observed in certain pigmented moles. In addition, however, there are found foci of large and small pigment-bearing cells deeper in the cutis, and associated with these collections of rapidly dividing round and oval cells, which are not pigment-bearing. Some of these foci can be traced upwards and connected with the normal pigment layer. We are of opinion that the specimen is an example of a melanotic mole of adult development, and on account of the departure of the pigment cells from their normal position,

that the structure is no longer that of one of the melanotic "puncta" not unfrequently observed, but that it shows sarcomatous change. This opinion is corroborated by the appearance of young unpigmented cells in the neighbourhood of the deep foci.

H. G. A., NOTTINGHAM.—No tubercle bacilli could be found in the sputum.

E. H. B., STREATHAM.—This specimen consists of the undigested pulp and separate pip-cells of an orange or lemon. It is blackened by the action of drugs, probably bismuth.

W. C. B., BOGNOR.—No tubercle bacilli could be found in the sputum.

H. V. R., FORDINGBRIDGE.—The growth is a squamous-celled epithelioma arising in a sebaceous cyst. It shows a very extensive degree of keratoid degeneration in the epithelial processes.

PATHOLOGIST.

Aphorisms of Hippocrates.

II.

In cases of empyema or hydrothorax treated by the knife or cautery, if the water or pus flow out rapidly all at once, they certainly prove fatal.

Diseases about the kidneys and bladder are cured with difficulty in old men.

Blood or pus in the urine indicates ulceration of the kidneys or bladder.

It is impossible to make all the sick well.

The diseases of winter are pleurisy, pneumonia, coryza, hoarseness, cough, pleurodynia, lumbago, headache, vertigo, apoplexy.

S.

Sport.

Cricket.

GUY'S v. CROYDON.

Played at Croydon on Wednesday, May 19th.

Guy's won the toss, but were all out for 96, out of which number Humphry scored 34. Croydon put together the large total of 311, Wheeler making 122. Guy's fielding was weak in the extreme. In the second innings Guy's did somewhat better, scoring 121 for three wickets, Durbridge playing a fine innings of 63 not out. Scores :—

GUY'S.

	1st Innings.		2nd Innings.
K. B. Alexander, c Hill, b Smith	5	c Drage, b Hawke...	30
A. E. Clarke, c Watson, b Smith	5	c Long, b Neech...	4
L. Humphry, b Drage	34		
H. Durbridge, c Long, b Watson	15	not out	63
A. Hughes, b Drage	11	run out	9
T. Morgan, c Smith, b Watson...	0	not out	6
C. Whitcombe, c Watson, b Drage	4		
V. Trubshaw, c Drage, b Watson	13		
H. Grellett, b Watson	1		
G. Harris, not out	4		
A. Cooper, c Neech, b Drage	1		
Extras	3		9
Total	96		121

CROYDON.

T. A. Watson, b Cooper	9
H. W. Wheeler, c Hughes, b Cooper	122
A. C. Dent, b Clarke	1
R. T. Smith, b Cooper	5
J. C. Neech, b Whitcombe	14
F. Hill, c Humphry, b Cooper	40
G. F. Long, c Hughes, b Clarke	52
J. Hawke, b Clarke	11
V. G. A. Butler, not out	19
A. E. Drage, b Clarke	5
C. T. Mabey, run out	0
Extras	23
Total	301

GUY'S v. DUNSTABLE GRAMMAR SCHOOL.

Played at Dunstable on Wednesday, May 26.

Guy's won the toss but started rather badly, as at 16 Nicholls was caught in the slips off a rising ball for 7. The next two wickets, however, added 120 runs, Clarke and Wetherell both scoring freely, although some strokes were decidedly lucky in not going to hand. Trubshaw and Hughes made another stand for the fourth wicket, both playing good cricket, and the total eventually reached 223.

Dunstable started very well, and thanks to a fine innings of 58 by Thring, had scored 83 for the first wicket; the next wicket fell at the same total, and none of the others doing much, we were just able to get them out in time, Nicholls taking the last two wickets with consecutive balls, and the last man being out on the stroke of time. Wetherell bowled remarkably well, taking four wickets for 22 runs, while Humphry was again in good form behind the sticks. Scores :—

GUY'S.

A. E. Clarke, b Thring	72
F. J. Nicholls, c Thring, b Giddings	7
F. C. Wetherell, c Stanton, b Brown	23
K. V. Trubshaw, c Spencer, b Brown	37
A. Hughes, c Metcalfe, b Brown	24
L. Humphry, lbw, b Brown	13
T. Morgan, b Giddings	1
C. Whitcombe, b Giddings	1
F. E. Walker, b Giddings	9
F. D. S. Jackson, c Stanton, b Giddings	14
—. Carpenter, (sub.), not out	2
Extras	20
Total	223

DUNSTABLE.

L. C. R. Thring, c and b Hughes	58
J. H. Metcalfe, c Clarke, b Wetherell	25
E. C. Green, b Wetherell	5
C. G. Pope, c Humphry, b Wetherell	5
Rev. H. Stanton, b Wetherell	13
W. F. Brown, c and b Clarke	0
T. Giddings, c Humphry, b Clarke	0
F. Pope, b Clarke	3
A. P. McDonnell, not out	7
W. H. Spencer, b Nicholls	4
J. Parkin, b Nicholls	0
Extras	11
Total	131

Guy's Hospital Lawn Tennis Club.

GUY'S v. BARNES.

This match was played on May 22nd, and resulted in a win for the Hospital by 7 matches to 1; 15 sets to 5; 112 games to 77. Rowland and Williams beat Cook and Douglas, 6–4, 6–8, 6–4; beat Davson and Tilbrook, 6–1, 6–2. Mandy and Lacey beat Davson and Tilbrook, 7–5, 2–6, 6–4; lost to Cook and Douglas, 6–2, 3–6, 2–6.

SINGLES.—Williams beat Douglas, 6–0, 6–8, 6–3; Rowland beat Cook, 6–4, 6–3; Mandy beat Tilbrook, 6–0, 6–4; Lacey beat Davson, 8–6, 6–1.

The draw for the first round of the Hospital Championship Cup competition is as follows:—

W. R. Mills v. F. D. Turner.
M. H. Thornley v. N. Williams.
H. E. C. Fox v. P. S. Mandy.
H. P. W. Barrow v. A. H. Carter.
H. K. Lacey v. A. C. H. Gray.
F. E. Walker v. F. S. Cross.

Byes.—G. T. Willan, F. E. Fremantle, E. W. S. Rowland, R. H. J. Swan, C. P. Weekes, K. B. Alexander, F. C. Wetherell, A. C. Ransford, A. B. Carter, J. R. S. Ash.

SECOND ROUND.

A. B. Carter v. Winner of 2.
Winner of 4 v. Winner of 1.
G. T. Willan v. Winner of 5.
Winner of 6 v. R. H. J. Swan.
A. C. Ransford v. F. C. Wetherell.
C. P. Weekes v. R. S. H. Ash.
F. E. Fremantle v. Winner of 3.
K. B. Alexander v. E. W. S. Rowland.

These rounds to be completed by June 19th.

Appointments.

CIVIL.

BYFORD, WILLIAM F., M.R.C.S., L.R.C.P. Lond., has been appointed Senior House Surgeon to the Chesterfield and North Derbyshire Hospital.

COX, R. F., M.R.C.S., L.R.C.P. Lond., has been appointed Medical Officer of Health by the Knighton Rural District Council.

HAYWARD, J. W., M.R.C.S., has been re-appointed Medical Officer by the Whitstable Urban District Council.

READ, A., L.D.S., R.C.S., has been appointed an Honorary Dental Surgeon to the Western Branch of the Brighton, Hove, and Preston Dispensary.

ROBERTSON, JAMES, M.R.C.S., L.R.C.P. Lond., has been appointed Junior Medical Officer to the Norfolk Asylum.

SKINNER, D. S., M.D., M.R.C.S., has been re-appointed Medical Officer for Willesden.

TEBBITT, E. R., L.D.S., R.C.S., has been appointed Honorary Dental Surgeon to the Middlesex Hospital Convalescent Home, Clacton-on-Sea.

TEMPLE, P. G., M.R.C.S., L.R.C.P. Lond., has been appointed Assistant House Surgeon to the Royal Surrey County Hospital, Guildford.

MILITARY.

BRIGADE-SURGEON-LIEUT.-COL. L. J. FAIRLAND (retired list), A.M.S., has been appointed to the medical charge of the troops at Gravesend.

SURGEON-LIEUTENANT C. B. STATHAM, A.M.S., has been posted to Peershill, and SURGEON-LIEUTENANT H. HEWETSON, A.M.S., to the Curragh.

SURGEON-CAPTAIN F. H. BARTON-BROWN, M.B., Bengal Establishment, is permitted to resign the service from June 2nd. He was appointed Surgeon-Captain, July, 1891.

Birth.

PITT.—On May 11th, at Portland Place, W., the wife of G. Newton Pitt, M.D., F.R.C.P., of a daughter.

Marriages.

COLEMAN—HOGG.—On May 25th, at the Parish Church, Pinner, James George Blyth Coleman, M.R.C.S., L.R.C.P. Lond., eldest son of the late Michael McDowell Coleman, of Madras, to Rosa, fourth daughter of Edward Hogg, of the Lodge, Pinner, Middlesex.

EVES—TULK-HART.—On May 18th, at St. Peter's Church, Brighton, by the Rev. A. R. Buckland, Morning Preacher at the Foundling Hospital, London, assisted by the Rev. James Hussey, Rector of Pimperne, Dorsetshire, and the Rev. D. L. Secretan, of St. Peter's, P. Stanhope Eves, M.D. Lond., of 1, St. Peter's Place, Brighton, son of W. R. Eves, Esq., of Brunswick Square, London, to Alice C. Guinevere, only daughter of Eugene J. Tulk-Hart, M.D. Durh., of 4, Gloucester Place, Brighton.

Death.

CLOWES.—On May 10th, at Coggeshall, Essex, Edwin Francis, the infant son of William F. A. Clowes, M.R.C.S., L.R.C.P. Lond.

ED.—F. E. F.

Calendar of Coming Events.

June.

Sat. 19.—Mr. Lucas's take-in; Ds. L. E. C. Handson and A. H. B. Kirkman; Cl. H. J. Starling.
G. H. C. C.—I. Eastbourne, Eastbourne.
II. Granville Lee II., home.
Hos.-Sch. C. C. Alexandra Hall, Penge.
G. H. B. C. ... Windsor, Hyde Park Corner.
G. H. R. A. ... Highgate (Waterloo, 1.57).

Sun. 20.—Accession Day. Services in Chapel, 7, 8.40, 11 and 7.

Tues. 22.—Diamond Jubilee Day. Bank Holiday.

Wed. 23.—Mr. Golding Bird's take-in; Ds. S. H. Mason and A. B. Passmore; Cl. S. E. Denyer.
1.30, Clinical Lecture by Dr. Perry.
G. H. C. C.—II. Sutton, Sutton.
G. H. B. C. ... U. H. C. A. v. Cambridge University at London.
G. H. S. C. ... Oxford Univer. S.C., Oxford.

Thur. 24.—G. H. C. U. ... Address by Rev. W. Horne, of St. Philip's, Kennington.

Fri. 25.—1.30, Clinical Lecture by Mr. Lane.

Sat. 26.—G. H. C. C.—I. Hornsey, home.
Hos.-Sch. C. C. Dulwich Melborne, Ivy.
G. H. L. T. C.... Barnes, away.
G. H. B. C. ... Guildford, "Greyhound," Streatham.

Tues. 29.—"Contemporaries" Dinner.

Wed. 30.—Mr. Howse's take-in; Ds. G. H. Bedford and E. Fryer; Cl. J. O. Garland.
1.30, Clinical Lecture by Dr. Perry.
G. H. C. C.—II. St. Mary's Hospital II. home.
G. H. R. A. ... Bedford, at Millbrook.

July.

Thur. 1.—October Appointment List opened.
Second Conjoint Exam. begins.
G. H. C. U. ... Address by Rev. F. B. Meyer, "A Conscience void of offence."

Fri. 2.—1.30, Clinical Lecture by Mr. Lane.

Sat. 3.—G. H. C. C.—I. St. Lawrence, Canterbury.
II. G. H. Servants, home.
G. H. B. C. ... Sevenoaks, "Marquis of Granby."
G. H. L. T. C.... Weighton, away.

Papers by Guy's Men.

A severe case of pneumonia in an alcoholic subject treated with anti-pneumococcic serum; recovery. By C. J. Harnett, M.B.

Typhoid Serum Reaction. By W. C. C. Pakes, M.R.C.S., L.R.C.P. Lond., D.P.H. Cantab.

Notes on two cases of Toxic Amblyopia from Iodoform. By James W. Russell, M.A., M.D. Cantab., M.R.C.P. Lond.

Chronic Intussusception of the Appendix into the Cæcum; operation; recovery. By G. A. Wright, F.R.C.S., and Knowles Renshaw, M.B., B.C. Cantab.

The production of Asepsis in acutely septic wounds by the free application of pure carbolic acid. By A. Ernest Maylard, M.B., B.S. Lond.

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Guy's Hospital Gazette,

JUNE 19, 1897.

Fifty Years Ago.

By SAMUEL WILKS, M.D., President of the Royal College of Physicians of London.

(Reprinted from the *Practitioner*, by kind permission of the Editor).

WHEN my mind reverts to fifty or even sixty years ago, I form a picture to myself of London, its streets, its houses, both in their external and internal aspects, the domestic arrangements, together with the manners and customs of the people, which could scarcely be realised by the youth of to-day. In the public thoroughfares omnibuses and cabs had only just appeared on the scene, and asphalted and wood pavement were things altogether of the future. Many houses in our leading streets would have disgraced any country village, whilst the interiors have more materially changed, as seen in our decorations, our furniture, and the very form of our chairs; but above all, in my recollection, is the improvement in lighting. We often talk of the advantages we possess in telegraphs and telephones—these and many other modern inventions could be dispensed with; but in the matter of

lighting, the return to the days of our forefathers, or even to those of our childhood, would be simply impossible or unbearable. I look back with somewhat of terror to the days of tinderboxes and snuffers, and I know of nothing which has brought so much comfort to the home or has done so much for the improvement of the temper as the abolition of those dreadful instruments of torture which I have just mentioned. One must call to mind a dark winter's morning, when the stillness was broken by the sound of flint and steel knocked together by a clumsy housemaid whilst early risers of the family were waiting angrily for the expected light, the maid, again, receiving a reprimand from her mistress for not having supplied her box with sufficient tinder (the art of making which has now gone out), or perhaps for not finding her matches, which were splints of wood dipped in sulphur and generally bought at the door from beggars, the sulphur being, no doubt, very beneficial to this large class of the community as a parasiticide. But the angry passions roused by the tinderbox were nothing to those excited by the snuffers. In ordinary family circles the evening harmony was often quite destroyed by these diabolical instruments. They were the cause not only of bickering and spiteful expressions, but even of profane language. Those who remember the days of which I speak may call to mind a family of three or four sitting at table by the light of one or two candles, and how these had to be constantly watched like a troublesome child. It was always a question who should be responsible for their orderly working, and woe to the boy or girl who, being placed in charge, left them unattended even for a short time; for on the return to the room of other members of the family, and the candles being found guttering with their wicks long, angry imprecations would alight on the head of the culprit, who then in a hurried moment of excitement would rush to his charge and often snuff out the light, leaving the room in darkness, or with the wick so short that a wearisome time was spent until it had recovered itself. But often worse than the utter extinguishment of the light was the act of the maladroit person who, on opening the instrument to perform the operation of snuffing, let loose the old wicks already contained in it, and scattered them over the books and papers of those occupied at the table. The room also gave forth most horrible tartarean smells. There can be no doubt that the temper of our forefathers was severely exercised by snuffers, and that their extermination has been of the highest moral value to the community. If we think of comfort and improved temper, then the men who deserve national monuments raised to them for their services are those unknown individuals who invented lucifer matches and snuffless candles.

I am making use of the improved internal arrangements of our households, which make up so much of the comforts of life, as illustrations of what has taken place throughout the whole of social life in the last half-century. In these improvements the medical world has participated. For, as regards our profession, advance has gone on in every branch, witnessed both in the treatment of the individual patient and collectively in our hospital establishments. In looking back at my own hospital, Guy's, with which I became acquainted in 1842, I see how the whole institution has materially changed. The state of hospitals at that time as regards their sanitary arrangements is now almost incredible, and yet we are informed how superior they were then to what they had previously been. Mr. Harrison, our treasurer at the beginning of the century, was said to have created habitable wards out of squalid and dirty barracks by continual cleansing and scouring; but, above all, by his introduction of iron bedsteads to have made an indirect onslaught on vermin which enabled him to get rid of the bug-catcher at his salary of forty pounds a year, there being no further use for his services. In my own time of studentship the wards were mean and comfortless compared with what they are at the present day. This can be imagined if we were to remove all the pictures and decorations from the walls and to take away the vases of flowers, the piano and the easy chairs; in fact, to reduce them to the level of workhouse dormitories. The wards were, indeed, kept tolerably clean by the continued scrubbing of the floors; so much so, that one never entered a ward without finding a part of it wet from the recent washing. This was done by the nurses, who were not skilled as now understood, but assisted in doing all the menial work which the ward required, at one time administering to the sick, at another time scrubbing the floors. Over them was the sister whose business it was to superintend the ward, and who lived in a small room of her own at its entrance. These women were appointed by the authorities, notably by the treasurer, who no doubt used his patronage to assist the needy of his acquaintance, but chose at the same time those most suitable for

the situation, for they were most admirable women and did their work excellently.

The medical and surgical cases were all placed together, so that the physician or surgeon had often to go into several wards to see one or two patients. It was thought to be a great advantage in thus mixing the cases, it being considered that fever patients and those suffering from surgical accidents would be breathing a better atmosphere than if a ward was set apart for cases which were probably contagious. In the latter case the poisonous effluvia would be concentrated, whilst in the former these would be diluted and comparatively harmless. This method continued until typhus fever spread in a ward to other patients; but the complete separation of contagious cases did not cease until the introduction of diphtheria made it absolutely necessary. Some time before this the surgical cases were separated from the medical; for although the physicians and surgeons had different days, it often was quite impossible to examine the chest of a patient whilst the next bed was surrounded by students performing various manipulations.

In the matter of diet the difference is vast between the good old times and the present. The food was mean and cheap compared with what it is now, and it is this improved diet which has so greatly added to the expense of hospital management. We now see our patients luxuriating on chops, fish, or poultry, and even having an egg for their breakfast, whereas in the olden time the fare was simple and frugal, boiled mutton and rice pudding being the staple dishes. Patients provided their own tea, and were allowed to buy the appetising adjuncts of watercresses and periwinkles of a man who went his rounds of the wards every afternoon. At this time much boiling, as well as broth and barley-water making, was done in the wards; and, as the surgical cases of this period were then associated with the medical ones, there was also a continuous manufacture of linseed-poultice. This placed on tow constituted the usual dressing before antiseptics entered the mind of the surgeon. The smell of the wards at that time is still vividly before my nose; for it is perfectly true, as Wendell Holmes states, that the olfactory sense is the one which has the most persistent recollection of past impressions; and just as I now associate the smell of polished oak with my old school dining-room, so my earliest recollections of Guy's Hospital have ever since brought before my mental smell a faint compound odour of boiled mutton and sour poultices.

The bed-card now in use in most hospitals did not exist, but the prescription and the diet were written down in a book. There already existed two clinical wards set apart for the purpose of teaching, and just before my time there had come into operation the Clinical Report Society, formed by the pupils with the object of reporting cases and so studying medicine in a more systematic manner. A secretary was appointed and forms were made for which a small subscription was demanded. The reporters met once a week to discuss the cases, and the Society was patronised by some of the staff; it was gaining in importance until an obligatory system of the same kind took its place.

The difference in the outward appearance of the wards in my early days compared with the present is not more marked than the alteration in the conduct of the staff towards the patients, although even then there was more politeness on the part of the physician than the surgeon. The latter with his class went stamping along the wards with their hats on, making a great noise, whilst the former and his smaller class proceeded more slowly and quietly, having left their hats on a table near the door. Very strong language also sometimes escaped from the lips of the surgeons, but I do not remember ever having heard a physician swear except Dr. Owen Rees on one occasion when a patient touched his new hat; but a surgeon in the performance of his duties, in using his catheter, has been heard to exclaim, "D——n you, lie still!" This could scarcely be credited at the present day. I remember an occasion when Mr. Bransby Cooper wished to have a patient's chest examined, and he turned to a senior student to do so. On the latter saying to the sick man, "Turn over, if you please," Mr. Cooper laughed out loud, and said, "Surely you must have been a pupil of Dr. Babington." At the present time the manner in which patients are treated by the physicians and surgeons shows a kindness and gentlemanly feeling which is all that it should be, but contrasts strongly with the manners of the past. I do not believe, however, that there was more hard-heartedness than at present, for I have seen Mr. Bransby Cooper shed tears when a dying woman blessed him and bade him good-bye. I think this callousness and roughness of manner was assumed as a part of the correct demeanour of the surgeon, adding something to his dignity and importance. I remember one of the surgeons of St. Thomas's who delighted in demolishing a technical expression of a student and substituting a vulgar or

coarse one in its place; and I bring to mind a colleague of his who, in pre-anæsthetic times, whilst amputating a man's leg, and after cutting through the soft parts, when the saw was handed to him, thrust his hand into a very deep waistcoat-pocket and drew forth a snuff-box; then very slowly and deliberately took a good pinch and, after returning the box to its home, accepted the saw and completed the operation. I might say that snuff-taking was almost the rule at that time; I cannot remember the physician or surgeon who did not carry his box, and Mr. Morgan always left his traces behind him by the snuff scattered on the floor of the ward. A large number of students also took snuff.

I think the present generation of doctors have much to pride themselves upon, not only in the matter of which I have been speaking, but as regards their simpler and less affected manners than those of their forefathers. In my youth the old formalities of consultant had not gone out. He was usually dressed in a suit of black, and occasionally with knee-breeches; he wore a large white cravat and sat upright in his chariot, forming a conspicuous object to the passers-by. On arriving at the patient's house the footman would descend from behind the carriage and give a terrible knock at the door, unmindful of the sick man within; then he would let down the carriage-steps with corresponding noise and assist his master to alight. The latter would then walk into the house with a stately air, but without the gold-headed cane, which was then fast disappearing. In thinking of such a scene there seems only one appropriate term to apply to it, and that is "humbug"; but, at the same time, it would be unfair to regard the actors as insincere when we know that many of them were highly distinguished not only in their profession but in literature and in the cultivation of the virtues of benevolence and piety. Moreover, the formalities and pretences of one period may not be the same as those of another, and whilst we may now boast that we can dress like any other ordinary mortal, it is possible that we may impose on the public by new methods in the form of new-fangled stethoscopes, thermometers, and other instruments, as well as making chemical analyses of the secretions, to say nothing of the wonders of meat essences, peptones, and various artificial ferments suited for the weakest digestions A comparison of mannerisms of the past and present era would probably be unfair.

(*To be continued.*)

Hospital News.

CLASSIFIED LIST OF CASES.

In the Medical Wards.

Circulatory System.

Mary	4.	Mitral stenosis and regurgitation.
	7.	Mitral and tricuspid regurgitation. Enlarged liver. Moveable kidney.
	10.	Chlorosis.
	11.	Ulcerative endocarditis. Pulmonary regurgitation.
	31.	Mitral stenosis and regurgitation.
	47, 50.	Mitral stenosis.
	48.	Cardiac.
Stephen.	1, 7.	Aortic regurgitation.
	2.	Aneurysm of first part of aorta.
	23.	Mitral stenosis and regurgitation. Tricuspid regurgitation.
Philip.	12.	Aortic stenosis and regurgitation, Cheyne-Stokes' breathing.
	13.	Mitral regurgitation. Enlarged liver and spleen.

Nervous System.

Mary	3, 23.	Peripheral neuritis.
Stephen	5.	Locomotor ataxy.
	15.	Paraplegia. Chronic myelitis.
	22.	Amyotrophic lateral sclerosis.
	37.	Epilepsy.
Philip	5.	Cerebro-spinal meningitis. Recovery.
	31.	Eclampsia.
	40.	Chorea.

Alimentary System and Abdomen.

Mary	2.	Ascites. Cirrhosis of liver.
	6.	Enlarged liver.
	8, 28.	Ascites. Enlarged liver and spleen. Congenital syphilis.
	16, 32.	Gastric ulcer.
	17.	Jaundice. Enlarged liver.
	18.	Ascites.
	19.	Typhoid fever.
	35.	Stricture of rectum.
	42.	Anorexia nervosa.
Stephen	13.	Enlarged spleen and liver. Jaundice. Cirrhosis.
	16.	Typhoid fever.
	24, 29, 31.	Carcinoma of stomach
	39.	Chronic diarrhœa. Growth in rectum.
Philip	3.	Epithelioma of œsophagus.
	6.	Enlarged liver and spleen. Cirrhosis.
	14.	Enlarged liver.
	20.	Dilated stomach.
	34.	Tuberculous peritonitis.
	35.	Hæmatemesis.
	37.	Ascites. Cirrhosis of liver.

Genito-Urinary System.

MARY 26. Chronic nephritis.
29. Acute nephritis.
39. Granular kidney. Gout.
STEPHEN 6. Diabetes mellitus.
35. Renal calculus.
38. Tubal nephritis. Mitral stenosis.
PHILIP 7. Chronic tubal nephritis.
15. Hæmaturia.

Respiratory System.

MARY 5, 21. Chronic bronchitis.
14, 38. Phthisis.
25. Laryngitis.
34. Pleurisy with effusion.
40. Pleurisy.
45. Pneumonia
STEPHEN 4. Chronic bronchitis.
12, 20. Pleuritic effusion.
17. Pneumonia.
40. Hæmoptysis.
PHILIP 1, 36. Phthisis.
21. Bronchiectasis.
23. Syphilitic laryngitis.
27. Pneumonia.
29. Chronic bronchitis.

Miscellaneous.

MARY 22. Lupus vulgaris.
27. Enlarged cervical glands, liver and spleen.
33. Syphilis.
STEPHEN 3. Erythema. Polyarthritis.
19. Hodgkin's disease.
26. Eczema.
28, 38. Gonorrhœal rheumatism.
30. Plumbism.
39. Osteo-arthritis.

In the Surgical Wards.

CASES UNDER MR. HOWSE.

NAAMAN 8. Sarcoma of forearm.
10. Genu valgum.
11. Multiple subcutaneous abscesses.
13. Urinary sinuses.
17. Carcinoma recti.
18. Tuberculous testicle.
19. Epithelioma linguæ.

CASES UNDER MR. DAVIES-COLLEY.

LUKE 2. Infantile hernia. Inguinal retention of testicle.
3. Epithelioma of floor of mouth.
4. Rodent ulcer of alæ of nose.
6. Dysphagia. ? Malignant stricture.
LUKE 11. ? Malignant growth of prostate.
12. Double hydrocele of tunica vaginalis.
13. Adhesions of extensor longus pollicis tendon.
20. Varicose veins.
LYDIA 1. Otorrhœa. ? Mastoiditis.
2. Necrosis of lower end of femur.
3. Hip-joint disease.
5. Tuberculous knee. Excision.
7. Fractured femur.
8. Moveable kidney.
9. Tuberculous glands in neck.
10. Bursitis (bursa patellæ).
19. Strangulated umbilical hernia.
20. Compound ganglion.

CASES UNDER MR. LUCAS.

JOB 2. Necrosis of tibia and fibula.
3. Necrosis of femur.
6. Perforating ulcers.
17. Spinal caries.
21. Tuberculous glands in neck.
25. Varicocele.

CASES UNDER MR. GOLDING-BIRD.

MARTHA Cot. Bowed tibiæ.
Cot. Hip-joint disease.
1, 4. Hip-joint disease.
8. Gumma at root of nose.
19. Enlargement of bursa patella.
LAZARUS 5, 8. Varicose veins.
22. Stricture of urethra. Urinary sinus.

"Clinical."

JOHN 1. Subperiosteal sarcoma of ilium. Secondary deposits in humerus and liver.
2. Gastritis.
3. Gonorrhœal rheumatism. Joint aspirated.
5. Hydatid of liver.
6. Mediastinal growth.
7. Enterica.
9. Hepatic abscess. Tropical.
13. Alcoholic myocarditis with cirrhosis of liver and perihepatitis.
15. Pneumonia.
MIRIAM 20. Morbus cordis.
21. Endocarditis. Simple embolus of kidney.
22. Pyrexia. Anæmia. ? Cause.
28. Pleuritic effusion. Tubercular.
29. Pneumonia.
32. Pleuritic effusion. ? Malignant growth.
Cots 34. Pneumonia.
35. Pneumonia.
36. Meningitis.

Case for Diagnosis.

L. M. I., female, æt. 8 years. Admitted on June 5th into Miriam, under Dr. Perry, for hæmaturia.

Family history.—Patient's mother suffers from palpitation of the heart. The father suffers with his chest; he has had considerable wasting lately. Patient's mother has eight other children alive. One daughter suffers with her chest. The others are healthy. She has lost two children, one with convulsions, æt. seven years, one a year old, with whooping cough and bronchitis. She has had three still-born children, and three miscarriages.

Previous medical history.—Patient has had measles twice, once twelve months ago, and once six months ago. She has also had whooping cough. Otherwise she has been healthy.

History of present illness.—Six weeks before admission the mother noticed that the child was peevish and fretful. She then noticed for the first time that patient was passing blood in her urine. The passage of blood in the urine lasted for five days, and then ceased. The urine was bright red at first, but towards the end of the period it looked like coffee grounds. The blood was only noticed on passing water. The mother, who is an intelligent woman, seems quite sure that no blood was passed in the intervals of the passages of urine. She also noticed that the child's linen was not stained or discoloured in any way by any vaginal discharge. Patient went without passing blood in her water for a month. It then started again on May 31st, and again continued for five days, ceasing, the mother says, on the day before admission. This, however, is not correct, as on admission, blood was found in the urine, which was smoky in tint. Patient complained of pain in passing water, but only when passing the blood. She has had no vomiting. She has had extreme hunger and thirst. There has been a foul discharge from the nose. The bowels have been regular, and there has been no blood in her motions. She has suffered with headache since she has been ill, and has complained of pain in the loins and abdomen, chiefly in the hypogastric region. She has seemed weak and languid, but has, however, continued at school. On June 3rd, patient was taken to Dr. Horrocks, out-patients. Dr. Horrocks made a careful examination, and said that the generative organs were small and ill-developed. He advised the mother to take the child to Dr. Shaw. On June 4th Dr. Shaw saw the child, and advised immediate admission to the hospital.

Condition on admission.—Temperature 100°; pulse 108; respiration 27. Patient is anæmic, and very languid. She is fairly well nourished. Abdomen not distended. Tongue moist, and covered with a thin dirty-white fur. There is slight tenderness in the epigastric region on deep pressure. There is a fulness in the left loin, and considerable tenderness on pressure beneath the twelfth rib. There is tenderness over hypogastric region.

Respiratory system.—Normal.

Circulatory system.—Pulse 108; regular, strong. Heart, impulse diffuse. Area of cardiac dulness extends for a quarter of an inch external to left of nipple line; above, as high as lower border of second rib at left sternal border, internally to mid-sternum; below, continuous with liver-dulness. A rough, blowing systolic bruit at impulse, traceable to spine posteriorly; a diastolic over mitral area. There is retraction of fourth and fifth intercostal spaces.

Genito-Urinary system.—Urine, 1007; slightly acid; smoky. Albumen present; no sugar; blood. Deep-blue with guaiacum reaction. Microscopically, red-blood corpuscles; no pus-cells, casts or crystals. No blood-clots.

Nervous system.—Knee-jerks normal.

Dr. Pye-Smith on Leuchæmia and Hodgkin's Disease.

THE patient is a boy of five years, who seems well nourished, though he is stated to have lost flesh lately. He was admitted for this swelling on the left side of his neck. It is plainly a mass of enlarged lymph-glands, which feel somewhat soft, but are freely moveable and painless. There are other enlarged glands in the right axilla. He is pale but not very anæmic, and his skin appears slightly pigmented. *Temperature* 100·4°. *Urine*, dark coloured, rather low specific gravity but otherwise normal. The respiratory system is healthy and the heart sounds are normal, though the heart itself is displaced upwards. This is due to his greatly enlarged spleen, which can be felt internally at the umbilicus and extends downwards almost to the level of the iliac crest. The liver is also enlarged and can be felt a couple of inches below the costal margin. There is no œdema or dropsy.

These enlarged glands in the neck and axilla, which are not due to any surgical affection of the head, throat, chest or arms, nor to any pediculi on the scalp, make us think of:—

1. Hodgkin's disease.
2. Leuchæmia.
3. Sarcoma of the lymphatic glands.
4. Tuberculous glands.

We may dismiss the last as the boy has suffered from them for two years and they are not adherent and have not suppurated, nor would tubercle cause such enlargement of the spleen.

The same remark applies to sarcoma, for secondary deposits in the spleen are almost unheard of. The problem, therefore, is the diagnosis between Hodgkin's disease and leuchæmia.

In both as in idiopathic (or "pernicious") anæmia there is dark urine, intermittent pyrexia, and the presence of retinal hæmorrhages.

In the examination of the blood we expect to find, if the case is one of Hodgkin's disease, a diminution in the number of the red corpuscles without much or any increase in the actual number of the white, whereas, if it is leuchæmia, we shall have a great increase in the number of white corpuscles with (a fact often forgotten

but very important) a *diminution in the quantity of the red.* In Hodgkin's disease you will not always find many enlarged glands, as frequently the enlargement is confined to one set of lymphatics; again, do not look for much anæmia. The spleen is enlarged in Hodgkin's disease without increase in the number of leucocytes, but the converse never occurs, *i.e.*, there is never much increase in their number without splenic enlargement.

In leuchæmia, therefore, the spleen is much enlarged, in Hodgkin's disease less so, occasionally hardly at all. The old name for the latter was "Anæmia lymphatica," but when the organs are increased in size as in this case, we might call it "Anæmia lymphatica splenica et hepatica."

Similarly in leuchæmia we have "Leuchæmia splenica," and more rarely when the marrow of the bones is especially affected, "Leuchæmia myelogenica," and the Germans class another form as "Leuchæmia lymphatica," but it is doubtful whether this exists, *i.e.*, whether the leucocytes are ever increased without the spleen as well as the lymph-glands being enlarged. Addison described another form of anæmia which he called "Idiopathic anæmia," and this should be grouped together with the various kinds of leuchæmia and Hodgkin's disease, as all being alike in the following points:—

1. All fatal.
2. Pyrexia is present in all.
3. There is not much wasting or pain.
4. Hæmorrhages occur in each.
5. Urine dark.
6. They are idiopathic.
7. Iodides, iron and quinine are useless, but arsenic produces some improvement in all.

The treatment, therefore, for this boy is arsenic with cod liver oil, and as much fatty food as possible. His appetite will be poor, but we must endeavour to tempt it. Our treatment, unfortunately, will not alter the inevitable result.

C. R. N.

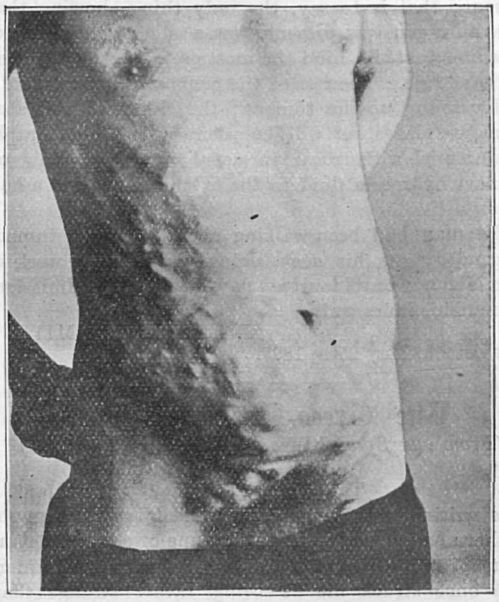
P.S.—Marked increase of white corpuscles was found—and under arsenic considerable improvement took place.

Two rare Abdominal Conditions.

DEAR SIR,—The enclosed two photographs may be of some interest to your readers.

No. I. is a case of extreme varicose condition of the veins of the abdomen, due probably to more or less complete obstruction of the inferior vena cava. The photograph does not give a very good idea of the condition, being taken indoors with a bad light. Both sides were equally affected and the veins extend into the axilla.

The man was a miner. Eighteen years ago he got very wet and says he caught cold, being laid up five months with severe pains in the back, said to have been lumbago; feet and legs became swollen, and on returning to work veins commenced to swell. He came under my notice some few months ago suffering from pneumonia when I discovered the condition. He is still alive, aged 54 years, and working as a stone-breaker daily. His eyes show signs of congenital syphilis.



No. II. is a case of enormous hydrocele of four years' duration in a man of 32. He came under my notice on Sunday last in the Union Workhouse. He had not previously had advice.

The tumour had quite lost all the usual signs of hydrocele, and the penis seemed embodied in the

tumour; that is to say, the only thing showing that such an organ was present, was a slight puckering of the skin situated behind the most prominent part on the left hand side. The rest of the penis could be felt like a cord running up the tumour; the skin was ulcerated in many places, as will be seen by the photograph. I punctured with trocar in usual way, and drew off ordinary hydrocele fluid to the extent of five and a half pints.

The man had been walking about with the tumour suspended from his neck, doing his ordinary work of farm labourer until fourteen days previous to admission. —I remain, yours truly,

J. SNOWDEN SMITH.

Tavistock, May 25th, 1897.

The Greco-Turkish War.

(From our Special Medical War Correspondent.)

The Piræus, *Tuesday, June 1st, 1897.*

I AM writing this in the gardens near the clock at the northern end of the quay, to the tune of a cigarette and a cup of most delightful Turkish coffee. It has more than once struck me as being rather strange that, although the bitterest enemy of the Greek is the Turk, yet one of the Greeks' greatest luxuries is a cup of Turkish coffee. If you ask me, it only goes to show the Greeks' good taste.

Truly our Alma Mater has friends in all quarters of the globe. I was introduced to a Scotchman who is one of the British community here, and one of his first questions was, "Do you know so-and-so?—he is a dental student in his second year, and lived here for some time." Another man—a north country skipper, with a taste for football—said, "See, Guy's is the great Athletic Hospital, is it not?" Needless to say, I assured him it was; and one cannot but feel a glow of pride when one reflects that there are eight representatives of the dear old place out here, being the record number from any hospital.

The effect of the armistice is gradually making itself seen in the various hospitals, for where before there was a continuous stream of wounded pouring in from the front, and the convalescents were being discharged as early as was safely possible, now the number of patients is slowly, but nevertheless surely, growing less, and empty beds are a much more common sight than formerly.

Although one naturally associates "empty beds" with "less work" in one's own mind, they are not altogether an unmixed blessing to the sisters. Anyone who has seen anything of the average Greek will know why.

For the sake of the uninitiated, one may say that it is always visiting day at the *Greek* hospitals. The climate also is very hot, and the people of a somnolent disposition. What, therefore, could be more after a sleepy visitor's own heart than the sight of a nice, clean, comfortable-looking bed? And unfortunately in ninety-nine cases out of every hundred the temptation is irresistible, and the inevitable happens; but to the credit of the English sisters, the said inevitable does not continue for long, and woe betide the luckless mortal when discovery takes place. The hospital orderlies are quite as bad. If they feel inclined for a nap, they make a bee line for the nearest empty bed and get in with their clothes on. This fact made it somewhat difficult to distinguish an orderly from a patient before the English sisters got to work, but now the patients are undressed for the sake of distinction. Imagine what would happen if, on some hot, sleepy, summer afternoon, one of the bathmen were to turn in to Naaman or Luke when Mr. Howse or Mr. Davies-Colley was going round, and calmly settling on a bed, proceed to smoke a cigarette and leisurely sip Koniak or black coffee. Sometimes mistakes *do* happen, as when Nurse Coombs tucked up an orderly and made him comfortable at the Military Hospital in Athens, and he, poor man, was thinking how good and kind the English Miss was to the poor, tired, Greek orderly. English Misses had a slump in his estimation when the error was discovered.

Since the war an instrument has been introduced into the wards of the Greek hospitals for the better treatment of wounds. This instrument was spoken of with bated breath, and struck awe into my humble breast under the guise of a long semi-hybrid-mongrel-Greco-German name, but after many anticipations as to the nature of the wonderful machine, we were rather surprised to find that it was our old friend the SPRAY.

It seems incredible that the spray should be so new over here. They are tolerably clean in some of their operations, whilst in others they are not so particular. The dressings, bandages, etc., are kept in large glass jars twelve to fourteen inches high and about eight or nine inches in diameter, with a ground glass stopper, the mouth of the jar being large enough to admit both hands. As regards dressings, everything is sublimate wool, iodoform gauze and wool, and bandages which have been pickled in either carbolic or corrosive sublimate. They regard lint as a little whim which died out with Hippocrates. What rather surprises me is, that they do not seem at all to favour heat sterilization. For amputation they keep bandages and a tourniquet in oil of some sort, but whether the oil contains an antiseptic or not I have been unable to discover. The bandages kept in the oil are to bandage the limb from the extremity upwards, as we use carbolic bandages. Whatever the oil may be or contain, it so affects the rubber of the tourniquet as to make it completely rotten. The bullet wounds do marvellously well in all the hospitals. Some of the cases are dressed by orderlies under the direction of the surgeon, and I have previously mentioned the sort of man an orderly is —hardly a clean dresser.

Wednesday Morning.

The armistice is supposed to end this morning, so now, in the words of the poet (whose fame has not yet reached Greece) we probably shall not be very long. In connection

with this I may say that in all probability the people at home will know all about it long before we get the news here. The Greek papers are most unreliable. The statements they contain are simply monstrous. Nearly every day they contain articles to the effect that thousands of rifles and hundreds of cannon and machine guns are either arriving or on the way from England. Taking the whole tone of the papers here, one can imagine that the palate of the people is catered for, probably for some political reason.

LETTER OF A GUY'S NURSE UNDER FIRE.

(From the *Essex County Standard.*)

Athens, *May 11th, 1897.*

Last Tuesday evening Mrs. Fenwick, Dr. Abbott (of St. Thomas's), and Dr. Moffat (Guy's) turned up at our hotel, and it was at once arranged that four of us were to accompany Mr. Thomas and Mr. Osborne to Volo to fetch the wounded; the plans of the others were not quite arranged. On Wednesday evening we left Piraeus (the seaport of Athens and about four miles off) in the "Albania," reaching Volo at 2 p.m. Thursday. It was very rough, about as bad as it could be, and I was terribly ill for four hours, but after that I kept all right.

How to describe the scenes through which I lived on Thursday I hardly know. It sounds like exaggeration, but it is simply impossible to exaggerate, it was awful; at the same time I am very glad that I have been to the front. When we arrived we found there was a big battle raging at Velestino, a village near. We heard the firing, and saw the people flying over the hill; it was a grand scene, and our boat the "Albania" was anchored amongst men of war of every nation. The captain and doctor of the "Dryad" came and took us on land, and we went into the hospital (a magnificent mansion lent for the purpose) and stayed there for a little while. We then went back to the shore and found patients being carried in from the field, everybody being in a state of most frantic excitement and alarm. There were hundreds of people there, whole families with all their worldly possessions in boxes and bundles clamouring to get into any boats which would take them. . . . For over an hour I really was in a very dangerous position, and it was doubtful if I should ever see you again. I took charge of some patients on stretchers while we were waiting for boats to take us off. I was in a sort of stone arrangement jutting out into the sea and about half a yard from the edge. One of my patients was dying, the wind was blowing great guns, the sea was dashing up over my face, and to crown all the sun went down and a heavy shower came on. Upon the other side of me there were hundreds of frantic people closing round me and becoming more excited every moment, for they were quite sure the Turks would arrive there that evening. They did not, however, get there until the next day. They were a strange mixture, and were chattering away in many tongues, and every moment I expected to be swept into the sea. Had this happened nothing could have saved me. I was not at all frightened, but stood quite still waiting and saying good-bye. At last a boat came for me, and then came more dangers. The boat was not at all large, and we had in it four patients on stretchers, Sister Florence, Mr. Osborne and myself. It is a great wonder to me that the boat did not capsize as the sea was frightfully rough, but it did not and at last we reached the "Albania" in safety. We took in over 70 patients in an hour, and altogether that night we had 120, and they were being brought on board until after midnight. We had operations on deck and in the dining saloon, did dressings, &c., doing what we could to ease the poor things. Their sufferings were dreadful, and I simply went round with my hypodermic syringe and gave morphia almost *ad lib.* We stayed there all night and the scene in the harbour was glorious. There were no end of various coloured lights on the ships, a search light was hard at work, the rain left off and the moon came out. We must have looked very weird in the semi-darkness, wandering about amongst all the poor things who were lying on the decks cooped up terribly. We filled all the empty berths and had them lying in the corridors. I had to step right over one poor fellow every time I went into my berth. I also had a death in the night in the one next to me. We had an English Captain and an English Private, both of whom were very glad to fall into our hands.

We started on Friday morning, reaching Piraeus on Saturday night, and you can imagine how much we had to do. I was up all day Friday, all night and all day on Saturday, not getting to bed until 2 a.m. on Sunday. Friday night was ghastly. I tramped about the boat all night, having plenty to do. There was a death on the deck at daybreak, there was a raving lunatic in the hold, and there were several others dying; it was an experience for a lifetime. When we reached Piraeus we sent the patients to various hospitals in Athens, three only remaining at a house which Mr. Osborne is converting into an English hospital. On Sunday the Crown Princess sent to say that Sister Florence and myself were to go to the military hospital at Athens, so here we are installed at present. We are running the whole show, having absolutely nobody over us, so we arrange our own hours, etc. It is a very free life, and although we have not been here long, we like it much and are very happy. We have four hundred patients, and not one who speaks English; the doctors do not speak it either, and only a little French, and yet in spite of it all we manage splendidly. We have a Greek girl from 8 a.m. until 5 p.m. She speaks English and interprets for us, but when she has gone we use signs and a few Greek words which we have picked up. There is not a woman in the place, so Sister Florence and I chaperone each other.

Wednesday.

I have received your letter and another from London. . . . . The Princess came yesterday and to-day. She chats away as if we were old friends, and, of course, we

two have to receive her. I wish you could see the view from our windows; it is glorious. We are next door to the Acropolis, and can see the whole of Athens. Our roof is flat, and we just walk out of our room on to it, so you can imagine how beautiful it is, especially in the moonlight. The Princess brought us some provisions, jam, biscuits, etc., for ourselves, and everything comes from the palace; we even send our washing there. We leave off work every evening, and there are hosts of orderlies that manage the rest. We are "Sisters," because we have nobody over us. I hear to-night there is a fifteen days' armistice, so I may be home again sooner than you expected. . . . .

The Place of Amusement in an Earnest Life.

An Address in the Board Room on Thursday, June 3rd, by Rev. Prof. SHUTTLEWORTH,

IN "Westward Ho!" we have a good illustration of the way in which the stern old fighting Puritan regarded amusements, in the rebuke and the discourse on the subject which some unlucky sailor drew down upon himself by singing a nautical catch in the hearing of Salvation Yeo. This is the Puritan point of view taken by those excellent people who think it is wrong for a clergyman to play cricket. I myself have always played, and intend to continue as long as I am able, and yet I have received some quite sulphurous post-cards on the subject from some excellent individuals, who, by the way, forgot to sign their names. These take what may be regarded as the ascetic view of life.

For our consideration we have in the persons of two of the most prominent figures in the Gospel two opposed views of life—that of John the Baptist and that of Jesus Christ.

"John the Baptist came, neither eating nor drinking." He was separated from all the common interests of life, apart from all family life. Actuated by the best possible motives, he withdrew himself from all the comforts, in the way of clothing, food, society, that he might have enjoyed, and became a hermit, and doubtless by so doing he vastly increased his influence over men and his power for good.

In "Hypatia" we have a graphic picture of the corruptness of society and city life in the first three centuries of the Christian era, which reached such a pitch that Christian life in its midst was found almost impossible, and men, therefore, chose to withdraw themselves as entirely as possible from temptation, and accordingly shut themselves up in monasteries. Even there we are shown how they were not free from temptation; yet there is a great contrast between the peaceful, retired life they led, and the busy, filthy life of the cities. So the Roman Catholics do now, and so, practically, did our own Puritan ancestors, in that they tried to do away entirely with frivolity and levity of every kind. They dressed themselves entirely in black, they put a stop to sports, theatres and picture galleries were closed, and all liveliness was barred and banned. The result undoubtedly was, that they made a race of strong men, for they devoted themselves entirely to one thing, and as always happens when that is done, they excelled. They were a strong race, but they were terrible tyrants, and their view of life was as narrow, inflexible, and hard as it well could be. This school of thought corresponds with the type of John the Baptist.

Our second type may be illustrated by the sentence, "The Son of Man came eating and drinking." He joined in the festive life going on around, as on that wedding day at Cana of Galilee, where He not only sanctioned the merry-making by his presence, but made the bride and bridegroom an extremely handsome present of unusually good wine, which was sufficient in amount, at a liberal rate of consumption, to last them a year.

Now, of the two, which is the easier course to follow? The first, undoubtedly. It is easier to become a little world to oneself, and to shut out, so far as is possible, all temptation from one's life, than it is to go about as a brother among the men and women one meets in daily intercourse, to share their sorrows, to take part in their interests, pursuits, and pleasures, and yet not go too far and allow these things to become a source of danger to one's own spiritual life. For it is only in excess that these things become harmful, and each man knows, for his own case, where excess begins.

It is Christ's school, and not John the Baptist's, that we are to follow. All men by nature desire something in the way of amusement. And I do not believe that anything which is a part of man's nature is wrong. The wrong-doing consists in overstepping the proper limit. To take the simple examples of eating and sleeping, God is not pleased with his creatures for voluntarily suffering hunger and vigil. He made them to be happy and comfortable, to enjoy their food and rest, made sweet by foregoing abstinence and toil, but when we over-step the mark in either of these natural pleasures, we are at once doing wrong. Yielding to any natural appetite is wrong the moment it becomes our master. God meant us to control ourselves, and His law, or that of the nation, or that of duty, forbid our being ruled by natural desires.

Our present age is totally different in many respects from any that have preceded it. A man of this period developes nervous troubles, unheard of before the advent of nineteenth century stress and strain, business and financial worry. The organism is developed in the direction of intelligence, and he can no longer, as his ancestors used, put on a suit of armour like one sees in the Tower, and fight hard through a summer day, unless indeed he be a country blacksmith. The cure for this nerve worry is as necessary as medicine for bodily ailments, almost as essential as food; to men worried and troubled in brain and nerve, amusement is medicine, and this has long been recognised by medical men, even as early as the days when Liston the clown, worn out

with brain fag, was counselled to "go and see Liston," and gave his pathetic answer.

It is true, some men do without amusements, and so, also, do some men do without meat, and others again do without books; but it does not follow that we do not therefore need them. We cannot appreciate the point of view of those who have no wish to open a book from year's end to year's end. So we conclude that amusement is (i.) harmless within bounds, (ii.) medicine.

But amusement is only right when taken as a rest in the life's work. Those wealthy people who endeavour through life to kill time would be better off if that old rule were enforced, "If any man will not work neither shall he eat," and for our present purpose we might substitute "play" for "eat." "Kill time," indeed. To a busy man who can hardly find hours enough in his long day to get through his varied work, such an idea is incomprehensible, almost horrible. He would as soon think of wringing the neck of his youngest daughter. The old chronicler, Froissart, said truly that the English take their pleasure sadly. He was right. As a nation we do not know how to let ourselves go, descend from our pedestal, forget our self-importance, and enjoy a good frolic. 'Arry and 'Arriet approach other nations nearest in this respect, but we look down on them when they change hats, and race, and shriek. Yet their's is a truer enjoyment than that of the man who spends his excursion time at the seaside in solemnly getting drunk. The people need teaching in order to get them to amuse themselves in an enjoyable and wholesome way.

A curious fact is that the acquirement of political freedom in some instances does away with such light-hearted gaiety as existed among the Russian serfs before their emancipation by the Emperor Alexander II., or among the negroes before they were freed from slavery, a transformation in a way allied to that undergone by the irresponsible kitten in becoming the grave sedate cat. We English, in days gone by, were given to maypole dancing and pageantry. Imagine the interest that would be aroused by the sight of the Lord Mayor and Aldermen dancing round the maypole. Yet they used to do it. Whence the change? it is partly due to political freedom, partly to our puritan inheritance.

I will attempt to classify amusements under the time-honoured headings of good, bad and indifferent, and without hesitation I proceed to place under the first heading all forms of athletic outdoor games, cricket, football, &c., and prominently among them I place fencing and boxing, both most valuable as teaching, not only skill of eye and hand, but self command and good temper. A most invaluable preventive of fighting, too. Also many intellectual games, chess, whist, billiards. The latter, I think, fairly comes under this heading, but it has in many cases such serious drawbacks in the matter of expensive surroundings, associations, and the class of men one meets at it, that it is not to be recommended to every man, much as one may enjoy the game.

With regard to fiction, it was wise counsel given to the young poet, Allen Locke, by his stern old friend Mackaye. He had been rhyming about nymphs, flowers, groves, and swains, but his old friend tore it up and took him into the slums. "Don't waste yourself on unreal sorrows, see the real misery of drink and dirt, and write of that," he said. A little rubbish to read does one good now and then, when tired out, and everyone ought to know the classical authors. There is no excuse for a Guy's man who does not know his Dickens. Moreover, in my own case, brought up, as I was, in a secluded country vicarage, I obtained through wisely chosen books, a knowledge of the world, out of reach by any other means.

Under the heading of "bad" I fear I must, for my own part, place much of what is called sport. All Englishmen are by nature sportsmen, but I cannot find my amusement in killing for the sake of killing, and not for food. This, of course, is for us essential to life. I do not dogmatize, but I ask you to really think how far is it justifiable to take life for amusement. I have sometimes asked sportsmen to do this, and have, in the majority of instances, received arguments in reply which, to say the least of it, are not convincing. For example: "Oh, but you know, foxes like it!" And men will point out that it is much nicer for the fox to be preserved and hunted than to be exterminated. I am not a fox, so I do not know, but I am unconvinced by these arguments.

But for a typical example of uselessness and cruelty pigeon-shooting may be taken. The case of venomous snakes, man-eating tigers, etc., we need not consider.

Those are true words of Coleridge's:—

"He prayeth best who loveth best
All things both great and small,
For the great God Who loveth us,
He made, He loveth, all."

Betting, too, I must place under the heading "unredeemably bad." Even the harmless Derby sweep, the half-crown on one's 'Varsity boat, are to my mind wrong in principle, and it is betting that has ruined some English sports, and is ruining others, *e.g.*, football. I like to see a good horse-race as well as any Englishman, but the sights and sounds of Epsom turn my gorge, and I never go now. It is wrong to take money for which one has not worked.

Many amusements might be put under the heading "indifferent," and foremost amongst these comes the theatre. This has doubtless given us much that is noblest in our literature; many things about it are good, and in some ways it is a most valuable amusement. But there are those who say "The stage is just a sink of iniquity." Very true. Many connected with it are no better than they ought to be. But for a man in my calling I have had a singularly wide knowledge of theatrical people, and I have found them to be just as good and as bad as the rest of us. More unconventional no doubt, but no better and no worse.

In our amusements it would be well if we could adopt the attitude of Charles Borromeo, a bishop of Milan, who found his relaxation in billiards which he used to play on Sunday afternoons. This hardly suits our ideas, and neither did it suit those of three of his chaplains. Accordingly they plotted, and one Sunday fell upon him with this question: "My Lord, if the last trump sounded now, what would you do?" "Let me finish my stroke," said he, "ask the others first." They were asked; one would run to the chapel and pray, another entreat for mercy on the spot, and so on. "Now, your answer, my Lord." "I would finish my stroke and pray for help to do my best! For God has given me work to do and a nature that needs relaxation to help me to do it well. In taking this recreation I am, therefore, doing His will. How could God's judgment come upon me better than while doing God's will?"

A sensible Christian rule is—use amusement just as you use any other of God's gifts.

'Tis not from worldly ways I bid you flee,
But lighter in my steps your feet will be;
'Tis not to summon you from human mirth,
But add a depth and sweetness not on earth.

Nursing News.

The Medical Examination for Lady Pupils and Probationers was held on Friday, May 28th. As the number of entries was unusually large it has taken rather longer than usual to find out the results. We are now able to give the following very satisfactory list of those who have passed:—

L. Adeney, Constance Arnold, Martha Atkinson, R. Barber, G. Bowen, — Broomfield, Frances E. Brown, Mary Alice Brown, Mary Burdett, Jessie Candy, Violet Carey, R. Catchpole, Ellen Collins, Gertrude Custance, Clara Davies, Gertrude Dewhurst, Edith Emily Dowell, Alice Eagle, Kate Finnemore, Edith Frankham, Gertrude Ann Gray, Florence Greenwood, Sarah A. Grice, Mabel G. Grieves, Louisa V. Haughton, Lucy B. Haydon, S. Holt, Bertha A. Hope, Frances Jackson, Mary Jeffrey, Alice Knight, M. Knox, Maggie Lloyd, H. Lyon, A. March, —. McKechnie, Mary Maw, Helen F. Newton, Mary O'Neill, Louise Pearce, Mabel Plummer, S. Pollard, Florence Pullin, Georgina Reeves, Mary Renwick, G. E. S. Ridges, H. M. Simpson, Anna H. Stoney, Ada Sutton, Anna H. Sutton, Constance Symons, Kathleen A. Taylor, Kate E. G. Taylor, Martha M. Thomas, Lilian Mary Tippetts, Bertha Tukes, V. E. Vincent, Agnes Walker, C. E. Warren, Amy Willes, Emma Woodward.

News has reached us that the sick and wounded at Athens are progressing so well that we may hope shortly to hear of the return of our four nurses.

As we are to open two wards for the reception of accidents on the day of the Diamond Jubilee, it will be somewhat difficult to grant as much liberty to the nursing staff as we would wish, but all those who are so fortunate as to obtain tickets for seats are to leave their names in the Matron's office before Saturday night, and every effort possible will be made to enable them to view the procession. Consequently it will be absolutely necessary to suspend all the ordinary "off-duty" times for that day.

Committees.

COURT OF COMMITTEES.

The Court of Committees has authorised the Hous Committee to expend a sum not exceeding £300 in providing a new drying closet in the Laundry to take the place of the old drying stove heated by furnace.

They have also authorised the committee to expend a sum not exceeding £350 in lighting the buildings on the east side of the front square of the hospital.

With the concurrence of the medical and surgical staff, the Court, upon the recommendation of the treasurer, has appointed Mr. A. D. Fripp, M.S. Lond., F.R.C.S. Eng., an assistant surgeon to the hospital, subject to the sanction of a General Court.

STAFF AND SCHOOL COMMITTEE.

The committee has approved of an alteration in the hour of dinner for day nurses. The new arrangement will allow nurses and probationers to have three-quarters of an hour out of their wards in the middle of the day instead of half an hour as heretofore. As a consequence of this alteration the afternoon rounds of the visiting staff will not begin before 1.45 p.m.

The standing orders for obstetric residents have lately been revised to bring them into accordance with the new regulations regarding the residence of the assistant obstetric physician, and the duties of the obstetric registrar.

HOUSE COMMITTEE.

The House Committee has sanctioned the following arrangements for the Diamond Jubilee:—

Twenty beds for accident cases to be provided in Addison ward for male patients, and twelve beds for female patients in old Mary ward.

The house-surgeon for the week to arrange for a sufficient number of dressers to be on duty.

A dinner on the scale of the Christmas dinner to be provided in each ward, and the sisters to have an allowance made them in order that they may give the patients a "tea."

The arrangements as to the attendance of the resident staff, assistant house-surgeons, and dressers in the surgery have been posted in the colonnade. The out-patient department and conservation room will be closed.

Passim.

THE celebration of the Diamond Jubilee of Her Majesty's reign will be initiated in Guy's, as elsewhere, by thanksgiving services to-morrow on the actual sixtieth anniversary of the Queen's accession and will be continued through the greater part of next week. Although little affecting the necessary work of the hospital, it will affect in no small degree the parallel work of the medical school. Tuesday is, of course, to be kept as a bank-holiday, and those who intend to see the procession and illuminations at any part of London other than the Borough, will probably in anticipation spend the greater part of Monday in trying to understand the police regulations and in other ways make preparations for the venture, and in the end spend a day or two in digesting the events of the day and recovering from its effects. Others will be attracted by the naval review on Saturday, probably the finest sight of all, or by the military review at Aldershot, and a few will find their way to the exhibitions at Earl's Court and Crystal Palace, the concerts and the picture galleries.

IT may be as well to repeat that on Tuesday morning all bridges over the river will be closed even to foot-traffic by 9.30, and that in getting to his or her seat, whether on foot or otherwise, everyone should allow about ten times as long as would be allowed on any other day. To a certain extent foot-traffic will probably continue along the pavements until the procession is close at hand; since with a continuous lining of soldiers, volunteers and police to the route, and a prohibition of all seats, boxes and other adjuncts to a good view from the pavement, there will be no incentive to the vulgar to line the road more than three or four deep. Opposite St. Thomas's Street, a crossing over the Borough is to be opened for foot-passengers at intervals up to midday; but it will be best for all who can to be in their seats by nine o'clock and to make up their minds not to be back at their destinations until an hour after the Queen has passed. As the procession leaves Buckingham Palace at a quarter past eleven and will be nearly four hours on the road, it will probably pass down the Borough at about one o'clock. At this period of the financial year it is safe to say that there will be a large crowd of Guy's men on foot at the end of St. Thomas's Street.

MANY who are unwilling to face the crowd on Tuesday evening and join the nursing and medical contingent that will leave Guy's at about half-past eight to succour the distressed and see the illuminations, may be glad to hear under pledge of the strictest secrecy that the city is to be illuminated as an experiment this (Saturday) evening.

MANY suggestions have been made for celebrating the day in the hospital itself. Special arrangements are being made for the nursing staff to see as much as is possible on Tuesday, and for the sake of the patients we envy St. Thomas's Hospital their fine view of the display. It is found impossible to organize a concert or other entertainment on that day, but the patients are to be given a special dinner and the men tobacco, while the women and children will probably have as much as is good for them of sweets and gingerbreads. If, however, the weather prove fine next week, we hope it may be found possible to organize a concert of local talent in the open air—for instance, in one of the Courts about tea-time on Wednesday or Thursday.

IN view of some of the Borough stands and balconies proving inadequate, despite the inspection of the County Council, it has been arranged in Guy's for all the accident wards to be ready to take in cases; while beds have been prepared in one half of Victoria ward and one division of "Old Mary," in case of emergency. If the occasion arises, there will be a baptism in blood for the newly re-opened ward.

SOME dissatisfaction has been expressed in the hospital at the action of the authorities, who in re-naming Addison ward, have been supposed to cast a slight on the memory of a great physician, who is rightly honoured in Guy's for his immense worth as a man, as well as for his achievements as a leader of medical thought and science. It will be noticed however that, in accordance with invariable custom, female wards are named after women, and male after men; and that as Addison ward is henceforward to be the obstetric ward of the hospital, its name must necessarily be changed. We have good reason, however, to believe that when "Old Mary" ward is again in use, since it will probably be used for men, it will be re-named after Addison, whose memory the authorities, like ourselves, would well wish to keep perpetually green.

WE were glad to notice a large announcement in our out-patient department the other day, drawing the attention of patients to the fact that the shilling and half-crown stamps issued by the Prince of Wales' hospital fund were now on sale. There are many patients who can well afford to spend, and are desirous of spending, a little money on the needs of the hospital in return for the attention that they have received, although they may be unable to pay for private advice. This principle was adopted by our governors some ten years ago; and upwards of a thousand pounds annually, or sufficient money to support twenty beds, is obtained by the payment of patients for medicines and dressings. The happy suggestion of stamps fixed at these prices was the work of a genius, and without a doubt many will be induced by them to subscribe.

BUT it gives us still greater pleasure to find that for a certain period in the year we may work on behalf of the whole body of London hospitals, and are not compelled to sing aloud our separate and individual merits. We have had more than our fill of the re-endowment cry; and although we cannot finally give way until re-endowment is completed, we are well content to have a short breathing space. It is our belief that on the whole all the general hospitals in London do their best for their respective districts; that they all, in common with ourselves, fully respect each others' merits, and all alike share in a community of aim, as is expressed by the Prince of Wales' fund, for which we have the best of wishes.

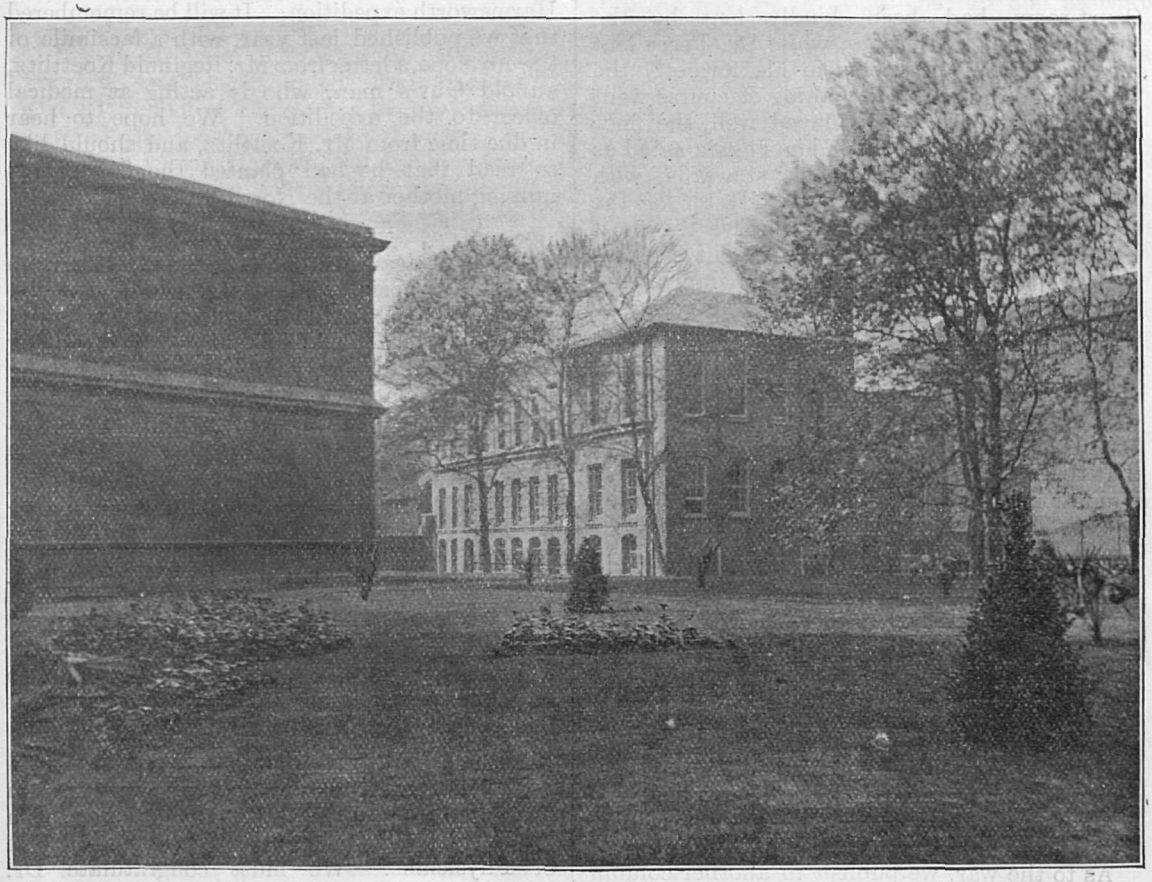
WHEELS within wheels; a scaffold has been erected in the operating theatre. But it has been taken down again without damaging even the keeper of the instruments; and the place looks severely neat after the spring-cleaning. Sir Astley Cooper's picture, by the way, was not perfectly dust-free, to say the least of it. We look forward expectantly to the millenium, which three days ago we thought had already arrived, when the theatre shall be demolished and built again without boards and panels, knobs, furrows, and ledges, which it is impossible to keep clean except by immense toil and trouble. It is of no use to conceal the fact that we have one of the worst operating theatres of any hospital in London. It is probable indeed that with proper care the difference between the best and the worst theatres increases only very slightly the risk of an operation; but it is fully realized that for the good of the patient, that and every other slight risk should be avoided if possible.

ANOTHER consideration, however, which is perhaps not sufficiently realized, is of the utmost importance to the prosperity of the medical school, and indirectly to the hospital. Whatever else a prospective medical student sees or does not see in his tour of a hospital, he is certain sooner or later to find his way into the operating theatre; and whether or not he faces the unknown terrors of an operation and sees and passes a premature opinion on the surgery of the hospital, he will be certain to be struck by a shining display of instruments in glass and metal cupboards, by extensive arrangements for the adjuncts of an operation, and by a general appearance of light, space, and cleanliness. With all the merits of the New School Building, we are certain that men will continually be deterred from entering at Guy's until the large theatre is as well ordered and adapted for its special requirements as the small theatre which was built last year.

WE must apologise to the editor of a paper called *Modern Society*, for not having given him sufficient light refreshment on the 26th of May last.

WITH all the fine weather with which fortune has favoured the brave athlete this year, it was most unfortunate that the day of the Sports should have been absolutely spoiled by a continuous drizzle, which struck terror into all but the most energetic and dauntless hearts. The Sports were held, however, as advertised, and it is greatly to the credit of the two hard-working secretaries that the meeting was carried through from beginning to end without a hitch, and evoked considerable interest and enthusiasm amongst the very limited number of spectators. The day was Wednesday, June 9th, the ground our own, as last year, at Honor Oak, and the time of day 2.30. The track had been in very good order, and had improved considerably since last year, but in consequence of the rain it was, of course, very soft and slippery, and there was in addition some wind blowing. Batchelor's time, therefore, in the mile and Willan's jumps were decidedly good. Wood threw the hammer very well considering his small experience in the art.

THE mile, half-mile, quarter-mile and sprints produced some excellent racing, and the three veterans who ran 300 yards in something over 36 seconds gave us a splendid exhibition of sporting pluck. The bicycle race was a very welcome novelty, although the conditions were all against a good performance, and the three-legged race afforded the usual fund of amusement, with a really excellent performance by the winning pair, who covered a hundred yards in less than 16 seconds. We were glad to see both present some very good performances might have been registered. Our prospects for the inter-hospital sports, on the whole, are decidedly brighter than last year. Although it is probable that we shall not win any of the events, we shall fully expect to get the second place in all races except the hurdles and three miles, in which we should get third place, and in the shot. At the hammer and jumps our representatives might with luck run close up to the winners, while with the exception of



THE PARK AND THE NEW SCHOOL BUILDING.

Messrs. Munro and Desprez again, and it goes without saying that they and the other officials did their work with commendable zeal and promptitude. The president of the Athletic Club and Mrs. Lucas had most boldly braved the elements, and Mrs. Lucas very kindly distributed the prizes.

IT was very regrettable that F. E. Walker was detained at the hospital on business, and that Sime was still at work in the north. With the shot it is just possible that in any single event the Guy's representative, more especially Batchelor, F. E. Walker and Sime, may be returned as winner. The chief fight will in all probability lie between St. Mary's and St. Bartholomew's, and with the acquisition of the late president of the Cambridge Athletic Club, victory is expected to fall to the latter. To-day's match of the United Hospitals against Dublin should help in the prognosis.

THE Residents gave their annual dance on the vigil of the Sports. Mrs. Cosmo Bonsor most kindly acted as hostess, and a more proficient hostess it would be difficult to find. Besides Mr. and Mrs. Bonsor, there were also present, as far as we can unofficially remember, Dr. and Mrs. Pye-Smith, Dr. and Mrs. Taylor, Dr. and Mrs. Galabin, Dr. Stevenson, Mr. and Mrs. Howse, Mr. and Mrs. Davies-Colley, Mr. and Mrs. Golding-Bird, Dr. and Mrs. Perry, Dr. and Mrs. Shaw, Dr. Washbourn, Dr. Horrocks, Mr. Lane and Mr. Williams. The Court-room had been kindly lent by the Treasurer and Governors, while Dr. Perry lent the use of the fine rooms in his, formerly the Treasurer's, house. Everything of course went swimmingly. The band played well, the floor was first-rate, and the Residents again acted as most unselfish and admirable stewards, with Mr. Jackson at their head as Master of the Ceremonies. The Residents deserve the most cordial thanks of all who were present for their energetic labours in getting up the dance, and they must be congratulated on the complete success with which their efforts were rewarded.

THE annual dinner of the Debating Society will be held on or about the 13th of July. It is hoped that Dr. Fawcett will be in the chair and that there will be a good gathering, all Clubs' Union members being members of the Debating Society *ipso facto*. The impromptu debate is always productive of much merriment, if not of much common sense. Further announcements will be made in the next number of the GAZETTE.

ON Tuesday, the 29th, the new Guy's dining club, called the Contemporaries, consisting of men now in their third or fourth year at the Hospital, will dine together, probably at the London Tavern in Fenchurch Street. The *Guyoscope* has similarly decided that a dinner would be a good thing.

As to the war, we publish in another column a letter from one of our nurses and another from our medical correspondent; but since the war is over, the patients are being rapidly draughted off into the ordinary military hospitals, and the Guy's contingent will probably be home by the end of the month. Mr. Moon in fact is already home, and indignantly repudiates our suggestion that he had been ministering to the wounded Turk. He appears to have represented in his person the ambulance transport service for the Greek army between the field and the base, between which we understand that he wandered carrying wounded Greeks and reading Thucydides. Whether all or any of these adventurous persons will return for any length of time to the quiet routine of Guy's life is doubtful, but two of the nurses will at least return to finish the period necessary for the completion of the Guy's nursing course.

THE ss. "Windward" left St. Katherine's Docks a few days ago to rejoin the Jackson-Harmsworth expedition. It will be remembered that we published last year, with a facsimile of the envelope, a letter from Mr. Reginald Koettlitz, an old Guy's man, who is acting as medical officer to the expedition. We hope to hear in due time from Mr. Koettlitz, and should like to read that he had planted the flag of his nursing mother at the North Pole.

WE hear again, through a private letter, from quite the opposite part of the world, namely, Kwebe Hill, N'Gamiland, where Mr. Harry J. Spon is the local medicine-man, and is preparing to contribute some valuable papers to the GAZETTE on the secrets of his success. There are many things he might tell us with advantage. We should like to ask for instance, whether he does it in black. Mr. Spon as cornerman was even more striking than Mr. Spon as editor. Those who wish to show themselves still his friends will write and cheer him up, c/o Messrs. Blackbeard Bros., Palapye, British Bechuanaland Protectorate, South Africa.

MESSRS. R. F. Clark and F. C. Stearn are to be congratulated on their appointments as Surgeons in Her Majesty's Fleet.

THROUGH a mistake we forgot to announce in a former issue that Dr. Starling has been elected and admitted Fellow of the Royal College of Physicians. We must congratulate Dr. Starling very heartily on the distinction, which shows him to be a sound physician as well as physiologist. We trust it will not be long before the Royal Society numbers him amongst its Fellows.

THE list of Royal honours is anxiously awaited in Guy's. In contrast to the general rule, there was no list of "birthday honours" on May 24th; and an additionally heavy and comprehensive list is expected within a few days.

THE Treasurer's Gold Medals in Medicine and Surgery have been awarded respectively to Mr. R. P. Rowlands and Mr. Robert Howard. Mr. Rowlands must be congratulated on his very remarkable feat of winning, amongst others, the prizes for the second, third and fourth years, the medal in surgery in his fourth year, and the medal in medicine in his fifth. The work of the appointment of Assistant-House-Surgeon, too, is a very severe hindrance to reading for any examination, and the result is all the more creditable to the winner.

MR. R. HOWARD, who wins the gold medal in surgery, was placed in the first class of the Oxford School of Physiology in 1894, and first entered the lists against Mr. Rowlands in the following year. He won the Beaney prize for Pathology early in this year and has entered for the M.B. Examination at Oxford this month.

OUR congratulations are also due to Mr. Philip Turner in winning the fourth year's prize. It is satisfactory to find that no fewer than five men were honourably mentioned by the examiners in the same examination.

GAZETTE reporterships in the out-patient and post-mortem departments will be vacant for July. Applications should be made before Saturday next, the 26th, in the usual way.

THOSE who have not an irreconcilable feud with all things ecclesiastical will do well to read the entertaining and extremely sensible remarks of Professor Shuttleworth, given in another column. The Professor is nothing if not original; he is, amongst other things, a Socialist of sorts, and his address displays, amongst other qualities, a thorough understanding both of his subject and of his audience.

THERE was a good meeting of upwards of seventy in the Court-room on Tuesday night, under the auspices of the Missionary Society, to hear Dr. Richardson, Bishop of Zanzibar, speak of his work under the Universities' Mission to Central Africa. The address supplemented that given a few months back by Dr. Hine, Bishop of Likoma, who as M.D., F.R.C.P., had a medical as well as a pastoral interest in the careful and sensible work of the Central African Mission. In the annual report of the Guy's Hospital Missionary Society, which was read out at the same meeting, it was interesting to hear that seven nurses and four doctors from Guy's are now in the mission field.

THE appointment, which is announced in the House Committee notes, subject to the sanction of the Council, of Mr. A. D. Fripp, M.S., as Assistant Surgeon, is somewhat unexpected to the Guy's public. Mr. Fripp will not relinquish his work in the dissecting-room, and he will not be given any beds in the wards. His duties will be to assist the full and assistant surgical staff whenever necessary. Our heartiest congratulations are due to Mr. Fripp, who has worked well for both school and hospital.

THE Lady Mayoress has just sent twenty tickets to the Matron for seats in St. Paul's Churchyard on Tuesday. They certainly could not have been better disposed of, and Mrs. Faudel Phillips is to be very heartily thanked for her most kind and delightful gift.

Medals and Prizes.

The Treasurer's Gold Medal for Clinical Medicine has been awarded to Mr. R. P. Rowlands.

The Treasurer's Gold Medal for Clinical Surgery has been awarded to Mr. R. Howard.

The Fourth Year's Students' Prizes have been awarded as under:—

First Prize, £25, to Mr. P. Turner.

Second Prize, £10, to Messrs. H. W. Bruce and W. T. Milton, equal.

Certificates to Messrs. C. L. G. Chapman and G. E. Richmond, equal.

The Wooldridge Memorial Prize in Physiology has been awarded to Mr. J. F. Northcott, and a certificate to Mr. E. A. Miller.

The Services.

(*From our Special Correspondent*).

NAVAL MEDICAL SERVICE.

Staff-Surgeon A. M. FRENON to the *Dido* (Manœuvres).
Surgeon HAROLD G. T. MAJOR to the *Blenheim* (Channel).
Surgeon G. MACGREGOR to the *Excellent* (Gunnery School, Portsmouth).
Surgeon J. D. HUGHES to the *Victoria* (for disposal).
Surgeon P. N. RANDALL to the *Latona* (Manœuvres).
Surgeon S. CRONEEN to the *Sanspareil* (Manœuvres).
Surgeon W. J. MAILLARD to the *Spartan* (Manœuvres).

Castration for Enlarged Prostate.—Cases in Guy's Hospital, 1895-7.

The following table gives an abstract of the ordinary reports on the cases, with such further information as could be gathered directly. Consequently the accounts are deficient in many of the smaller points.

Besides the cases given below, the report has been lost of another case under Mr. Lucas early in 1896, in which double castration proved very effective. Mr. Jacobson, however, has performed the operation on two further cases in private practice; in which the operation was less favourable than those under his care in Naaman ward.

Four out of the nine cases reported below died within four weeks of the operation, while a fifth died eight months later. No. 3 died chiefly of pneumonia, and the rest apparently of pyelo-nephritis, which must have been well established, according to the report, before the operation was performed. The other four cases are successful, as would appear to be generally the case when the kidneys are still comparatively sound. The fatal cases were operated on as a last resort, and the results show that in old patients with well-established kidney disease, castration has a very great liability to light up mischief afresh in the renal organs. Where, however, the kidneys are but little affected, as in cases 5 and 7, the good effect of castration, especially with soft, glandular prostates, has been most marked. Thanks are due to the surgeons who have given permission for the publication of their cases and assistance in reporting them; also to Mr. F. W. Brook for help in analysing the hospital reports of most of the cases.

F. E. FREMANTLE.

Ward, Name, Date.	History.	Condition on Admission and before Operation.	Operation: progress of Wound.	Influence on Prostate and urinary trouble; and on general health.	Post-mortem Examination.
1.–No. 9 Luke ward. John Wallace, 73. Under Mr. Davies-Colley. Admitted Mar. 22, 1895. Discharged May 15. Readmitted Oct. 10. Died Dec. 20.	Gonorrhœa 30 years ago. Difficult micturition 4 years ago. Treated last July in Guy's by Mr. Colley for enlarged prostate. Stream getting smaller 3 weeks ago. Retention on March 22nd.	Pain referred to kidneys. Bladder 1 in. above umbilicus. Suprapubic puncture. Urine ammoniacal and bloody. No albumen. Catheters. Passed water only with pain and difficulty; eight times during night. Prostate 2½ in. by 2 in., projecting 1 in. into rectum. Urine acid on April 15th.	April 16. Double c.; double scrotal incision; antiseptic dressings. Primary union.	Next day passed water freely and without pain. On May 15th rose only three times in night. Three weeks later pain again on micturition; small stream; passes seven or eight times in night. Urine acid; trace of albumen. Catheters; difficulty and frequency continued. Dec. 3rd to 6th, pyrexia up to 105°.	*Lungs.*—Muco-pus in tubes; adhesions at bases. *Heart.*—Right-sided hypertrophy; otherwise healthy. *Liver.*—Early nutmeg. *Kidneys.*—Acute inflammation of pelvis and ureters. *Bladder.*—Small, inflamed, much pus. *Prostate.*—Projection size of Tangerine orange. *Intestine.*—Meckel's diverticulum.
2.–No. 9 Job ward. William Hubble, 69. Under Mr. Lucas. Admitted Oct. 14, 1895. Discharged Nov. 12 1895.	Vague history of rather frequent and difficult micturition for 2 years. Sudden *retention* 3 weeks ago. Catheters since then.	Temperature 100·2°. Urine smells offensive, but slightly acid and albuminous. Catheterism became much easier, pyuria less; and urine was once passed spontaneously.	Oct. 22. Double c.; double scrotal incision; aseptic dressings. Primary union.	Nov. 5. Some urine passed voluntarily. Nov. 12. Passes water regularly. One pint of residual urine. Nov. 18. Residual urine ℥ij. Prostate smaller; but still enlarged and tough. Feb., 1896. Urine clear; micturition easy and natural. April, 1897. Has done more than a year's good work since operation; passes good stream. Prostate smaller and softer.	
3.–No. 16 Lazarus ward. R. C. Couling, 71. Under Mr. Dunn. Admitted Jan. 23, 1896. Death Feb. 6, 1896.	Father suffered in similar way. Gonorrhœa four times; last attack 40 years ago. Rheumatics. Heavy drinker. Rigor 12 months ago—lost use of legs—incontinence. Two months ago similar attack; catheters since. No hæmaturia.	Urine acid; trace of albumen; sp. gr. 1014; some pus. Occasionally passes water without catheter. Residual urine ℥v.	Jan. 28. Double c; double scrotal incision; primary union.	Catheters; restless nights till Feb. 1. Delirious. Fed by œsoph. tube. Feb. 6. Catheter can't be passed—urine dribbles away. No diminution in prostate per rectum.	P.-M.—*Aorta.*—Atheromatous ulcers. *Œsophagus* varicose, full of ante-mortem clots. *Lungs.*—Pneumonia both bases. *Kidneys* commencing ascending—nephritis. *Stomach.*—Patch of malignant growth. *Bladder.*—Old pyelitis. *Prostate* enlarged, especially middle lobe. Abscess.
4.–No. 15 Job ward. G. Herbert, 53. Under Mr. Lane. Admitted April 30, 1896. Death June 29, 1896	Has had fistula in ano. Frequent micturition for some years. Retention and catheter 13 weeks. Epididymitis. No hæmaturia.	Urine 1022, alkaline, ammoniacal odour; no albumen or pus. Trip. phosph. and calc. oxalate deposit. Good health. No stone or stricture. Catheters; bladder washed out; pus sometimes. Prostate per rectum slightly enlarged.	May 28. Double scrotal incision; double c.; aseptic dressings. Urine pus and phosphs. Left wound suppurated.	Pyrexia, cystitis, and catheters till death. June 16 mind wandered. Antistreptococcic serum given. Patient very weak; died collapsed on June 29.	Calculi in kidney and small calculus in bladder behind middle lobe. Cystitis and some pyelo-nephritis. Prostate inflamed, not hypertrophied.

5.–No. 20 Naaman ward. J. C. Passingham, 61. Under Mr. Jacobson Admitted June 26, 1896. Discharged July 18, 1896.	Difficult and frequent micturition three years. Attacks of retention 18 months. Pain and hæmaturia, becoming more severe 6 months. Catheterism and rest have failed to relieve.	Healthy; thin. Prostate per rectum very large indeed and soft.	June 29. Double c.; single scrotal incision; antiseptic dressings. No suppuration. Testicles were normal, and showed distinct spermato-genesis.	Marked improvement beginning on July 7. Ten months later Dr. Ingle of Cambridge reports that the prostate is scarcely to be felt.	
6.–No. 22 Accident ward. Henry Cooper, 66. Under Mr. Lucas. Admitted for "bruised hip, ? fracture," on Aug. 14, 1896. Death Sept. 18, '96.	Stricture two years. Difficult, frequent, painful, and sometimes involuntary micturition. Residual urine. Has sometimes passed blood.	Urine alkaline, 1010. No albumen, phosphates, blood, or pus. Enlarged middle lobe diagnosed.	Aug. 28. Double c.; double scrotal incision; antiseptic dressings. Scrotal dermatitis. Wounds healed well.	Catheter till death on Sept. 18. Vomiting five days. Childishness on 5th; and patient thenceforward only half-conscious to the end.	*Autopsy.*—Pleuritic effusion; old inflammation of larynx; lungs œdematous and contain hæmorrhages. Aortic and mitral valves thickened; atheroma of aorta. *Kidney.*—Fœtal lobulations; no granular appearance or pus. Abscesses radiating toward surface. Penis thick; concretion ⅝ by ⅜in; much stinking pus. *Bladder* dilated; congested. *Prostate.*—No abnormal development or shrinking now.
7.–No. 20 Job ward. James Bond, 66. Under Mr. Lucas. Admitted Oct. 11, 1896. Discharged Nov. 15 1896.	Gonorrhœa six times. Difficult and frequent micturition 3 months. Complete retention 36 hours.	Urine acid, 1020; blood. But no albumen, phosphates, or pus.	Oct. 27. Ing. incisions; double c.; antiseptic dressings. Catheter tied in. Testicles degenerated. Left side suppurated but became healthy. Right primary union.	Passes own water Nov. 3. Catheters again 8th to 11th. Patient can pass water (except when lying down) with some straining. No pain.	
8.–No. Naaman ward. Alf. Jenner, 65. Under Mr. Jacobson Admitted Oct. 7, 1896. Discharged Dec. 5, 1896.	Suprapubic lithotomy and partial prostatectomy Nov. 1894. In Sept. 1896, old scar broke down; urine escaped through wound.	Urine passing from ulcerated wound. Before lithotomy and partial prostatectomy patient passed water every ten minutes. Catheter tied in and fistula closed. Prostate large and very hard.	Oct. 27. Double c.; single scrotal incision; antiseptic dressings. Primary union. Some eczema.	After lithotomy and prostatectomy was still disturbed four times at night, and had to pass water every two hours in the day. After castration he has still been disturbed three times at night, and has to pass water every three hours in the day time. The slight degree of improvement here is probably due to the hardness of the gland, and thus the small amount of shrinking.	
9.–No. 18 Job ward. Edward Mason, 63. Under Mr. Lucas. Admitted Jan. 1-30, 1897. Death Jan. 31, 1897	Gout; rheumatic fever; and scarlet fever. 1891, under Mr. Durham; catheters; improved. 1892, do. 1894, do. Mr. Golding-Bird. Uses catheter occasionally. Hæmaturia for six years at least.	Large tough prostate, four fingers' breadth per rectum. Micturition frequent and difficult. Urine occasionally had blood-clots. Retention till Jan. 12.	Jan. 13. Double c.; inguinal incision; wound healed by primary union.	Well till Jan. 16. Then temperature up to 101°; hæmaturia, etc. Jan. 23, cerebral symptoms. Jan. 24, bronchitis and hypost. pneumonia. Urine alkaline, and albuminous on 20th; acid and clear on 28th.	Wound healed. Death 31st, 12 a.m. *Lungs.*—Adhesions; upper lobes emphysematous; bronchi full of mucus; hæmorrhage at base. *Heart.*—Right side fatty; tricuspid 5¼ inches. *Prostate.*—Very large; false passage through third lobe. *Bladder.*—Wall thin. *Kidneys.*—Right pelvis and calyces dilated; left acute nephritis. Gall-stones big and black. Chronic local peritonitis at seat of truss.

Obituary.

Frederick Eastes, M.D. Durh.

WE regret to record the death of Dr. Frederick Eastes, at Folkestone, on May 27th, at the age of 38. He was the youngest of four sons of the late Silvester Eastes, M.R.C.S., J.P., and died in the house in which he was born. After his education at Epsom College, Guy's Hospital and the Newcastle-on-Tyne School of Medicine, he graduated at Durham, becoming M.B. in 1883, M.D. in 1885, and L.S.Sc. in 1888. He settled in practice at Folkestone in 1884, and was shortly afterwards elected one of the honorary medical officers of the Victoria Hospital in that town.

Dr. Frederick Eastes contributed papers on clinical cases to the *British Medical Journal* in 1885 and in 1888. For the last five or six years he had been a sufferer from diabetes, but did his work up to the evening of May 26th, when coma supervened, and in less than sixteen hours death ensued. He had never married. He was greatly beloved by a wide circle of friends and patients, and his funeral was attended by nearly all the medical practitioners of Folkestone, by many members of the two local Masonic lodges, and by a large concourse of other people.—*British Medical Journal.*

Examination Papers.

TREASURER'S GOLD MEDALS.

Medicine.—1. With what diseases is acute miliary tuberculosis liable to be confounded? State in the case of each of them the chief points on which you would rely to diagnose it from them. 2. Discuss carefully all the points that would help you to decide whether or not to advise operation to a patient who has suffered from, or is suffering from, appendicitis, or any of its complications. Whenever you advise operation, state what operation you would perform, and at what period of the disease you would do it. 3. What diseases of the central nervous system may result from acquired syphilis? Which are amenable to anti-syphilitic treatment? Give the symptoms of those which are so amenable and are confined to the substance of the spinal cord. 4. Give a full account of the symptoms presented by a patient suffering from malignant disease of the pancreas. Describe the appearances you would find post-mortem. With what other diseases may this easily be confounded?

Surgery.—1. Describe the pathological anatomy and the symptoms (both actual and differential) of post-nasal (adenoid) growths. By what methods of local investigation would you confirm your opinion of their presence, and how would you treat a patient suffering from them? 2. Give a full account of the etiology, symptoms and pathology of traumatic hæmorrhage (*a*) into the substance, (*b*) into the membranes of, the spinal cord. Discuss the treatment in each case. 3. Describe precisely the injury that occurs in the various tissues involved in "Pott's Fracture." How do you recognize this fracture at the bedside? What treatment do you advise? Give full reasons for the same. 4 Severe hæmorrhage, giving rise to clotting, has occurred suddenly into a man's urinary bladder. What are the possible sources and causes of the bleeding? Describe by what methods of investigation you would endeavour to differentiate between them.

CASES FOR COMMENTARY.

MEDICINE.

A man, aged 27, came under treatment on October 6th. He had had typhoid fever at 13 years of age. He had lived in the Borough all his life, except for eight months, when he went to Manningtree, in Essex, after the typhoid fever. He was a milk vendor by occupation, and often carried large vessels of milk weighing two cwt. each, the edges of which pressed with much force against his left hypochondrium. He was a moderate drinker; there was no history of syphilis.

Four years ago he first had what he calls "dyspepsia":—sharp shooting pain in the abdomen, mostly on the right side, constantly present, and aggravated by food. He got better, but has had occasional attacks since.

The last six months he has been weaker, breathless, and unfit for work; a month or six weeks ago his legs swelled, and have become gradually larger; and three weeks ago he had sharp pain in the abdomen, especially on the right side, with tenderness in both flanks.

On admission.—He is a tall big man with a pale face; his legs and feet are œdematous, and show some small petechiæ. The lungs present normal physical signs. The apex beat of the heart is within the nipple line, and the dulness reaches upwards to the upper border of the fourth rib, and internally to the middle of the sternum. The abdomen is full, even distended. On the left side is a firm, large mass, smooth, having an ill-defined notch on its anterior border, and extending below the umbilicus. Dulness is present over the centre of the tumour and extends to the spine, but there is a semi-resonant note at its anterior part, which measures eight inches vertically by four inches laterally. The dulness is continuous with the area of normal splenic dulness. The tumour descends on inspiration; the surface seems mostly to be close to the integument, but in places is reached by "dipping."

On the right side of the abdomen is another tumour, over which percussion gives an impaired resonant note, and this extends nearly to the middle line; but a fully resonant note two inches in breadth extends between it and the hepatic dulness. On palpation, it seems to be a soft fluctuating tumour, extending to within two inches of the anterior superior iliac spine. The edge of the liver could not be recognized; hepatic dulness reached up to the sixth rib. Both flanks were tender to deep pressure.

The optic discs were normal. The blood appeared normal, and formed rouleaux under the microscope. The red corpuscles were 70 per cent. of the normal; hæmoglobin 35 per cent.; proportion of white to red corpuscles as 1 to 434.

Urine, sp. gr. 1015, contained albumen and epithelial casts, and gave the guaiacum reaction for blood.

The pulse was fully dicrotic: a high percussion wave, rapid fall to the base line, and then a dicrotic wave one third the height of the original.

On October 14th, blood estimations gave corpuscles 75 per cent.; hæmoglobin 40 per cent.

On October 16th, the colon was inflated with air, with the result of diminishing the area of dulness; and some thought that the fingers could be sunk between the left side tumour and the spleen.

On October 22nd, a diastolic bruit was heard along the sternum, and a week later, not only was this more marked, but a muffled presystolic and a slight systolic murmur were heard at the apex.

On November 1st. It is said that last night he had what he calls "cold shivers." The blood looks watery, and does not readily clot. Red corpuscles 69 per cent.; hæmoglobin 35 per cent. Two white corpuscles seen in the field.

During the next week the propriety of exploring one or both tumours was discussed, but the patient declined to have anything of the kind done, and he left on November 10th.

During his stay the temperature was for the first three weeks oscillating between 98° and 102°, then was nearly normal for six days; on November 1st it rose to 102°, and was irregularly above normal until his departure.

He was subsequently admitted into another hospital where he died in the spring of the next year. Exploration was again proposed and again declined.

Discuss the nature of this case. Describe the pathological conditions you would expect to find after death, and state what treatment you would think desirable.

SURGERY.

Henry P., æt. 37 years, applied for treatment for piles, and for some difficulty in passing urine. He had been ill more or less for a twelvemonth, but the symptoms of late had become more marked. The piles had only rarely bled, but he could feel with the finger a projecting fringe around the anus, and he had some difficulty in defæcation. He had also had considerable *pain* in defæcation, especially when the stool was hard, the pain lasting for one or two hours after the action. The difficulty with the urine amounted to inability to pass it when he desired; a marked diminution in the size of the stream when it subsequently passed; and he believed that he did not empty the bladder at all times, the stream stopping when he still felt the desire to micturate. He had never passed blood, but the urine had at times contained a thick cloud of mucus, of late almost continuously. He had had pain in the extremity of the penis in micturition, but not of a very severe description. He had been married for twelve years, but had had no family. He gave no history of syphilis or gonorrhœa, and had had no previous symptoms of obstruction to the flow of urine.

On examination per rectum, a fringe of external hæmorrhoids was found around the anus. The passage of the finger through the anus caused some pain of a sharp lancinating character, and a few internal hæmorrhoids were found within the bowel. An elastic lump about the size of a Tangerine orange was found by palpating the anterior wall of the rectum. The top of the finger could be passed just beyond it, so as to circumscribe it. It was covered by the smooth mucous membrane of the wall of the rectum, but it caused some bulging inwards into the lumen of the bowel. The stool was solid, of fair size, but somewhat flattened.

A No. 10 metallic catheter was passed into the urethra, which it traversed for about six inches with ease. Beyond this some obstruction was reached, and the handle of the instrument had to be greatly depressed and somewhat lateralized before reaching the bladder Urine was then drawn off; this was acid in re-action; of specific gravity 1025, containing some mucus, but no blood, albumen or sugar. No stone could be detected.

The surgeon diagnosed an enlarged prostate, and advised the patient to pass a soft catheter once a day in order to empty the bladder entirely. This gave some relief, and enabled him to keep to his employment. Twelve months later he began to pass large quantities of mucus from the anus, so that he was always obliged to wear a napkin; this was sometimes stained with blood. The mucus was thick and gelatinous in character, and entirely unlike that caused by the irritation of the piles. On passing the finger into the anus, the piles were found larger, and the swelling on the anterior wall was much increased; the finger could no longer reach beyond it. In its centre was a small crater-like hollow, from which undoubtedly the mucoid discharge flowed. The catheter could still be passed fairly easily, and the character of the urine remained the same. The abdomen remained soft and flaccid. He was fairly well nourished, but had lost flesh of late.

In six months he was obliged to give up his occupation, and in another six months he had emaciated greatly. Very large quantities of blood and gelatinous mucus passed from the rectum, and the same material began now to pass per urethram. On examination per rectum, the mass on the anterior wall was found enormously increased in size, and a very large crateriform opening was found in it, which discharged the blood and mucus. No urine passed from the bladder to the rectum, nor was the urine stained with any feculent discharge. His appetite and digestion continued fairly good.

He died six months later, apparently worn out by the continued discharge. No obstruction of the bowel of any importance took place. For some months before his death he had discontinued the use of the catheter, as the blood, mucus and urine all passed quite freely without its aid per urethram. The abdomen remained

soft and flaccid, and he retained his faculties to the last. The circulation in the lower extremities was not materially affected.

Comment on the facts of this case. What was the diagnosis, and what can you suggest as surgical treatment at any stage of the disease? What would probably be the post-mortem appearances?

Sport.

Cricket.

PAST v. PRESENT.

Played at Honor Oak Park on Whit Monday. The Past won the toss and commenced batting on a rather slow wicket. The first and second wickets both fell with the total at nineteen, but the next wicket added 50 runs, both Scott and Stamford playing well for their runs. The rest of the team did not offer much resistance, and the innings closed for 134. Goddard and Joy both bowled well.

The Present team, aided by a little luck, managed to win by 50 runs, Alexander playing a vigorous innings of 81, while Durbridge hit well for 51. Joyce bowled exceedingly well for the Past, but had not much support.

Scores:—

PAST.

1st Innings.		2nd Innings.	
W. T. Scott, b Joy	38	not out	39
E. T. Shorland, c Cowper, b Clarke	12		
F. W. Laverton, lbw, b Clarke	0	b Nicholls	4
R. B. Stamford, c Wetherell, b Joy	25		
C. J. Francis, c Humphry, b Joy	11		
J. H. Joyce, b Goddard	11	s Humphry, b Nicholls	0
N. H. Pike, b Goddard	2		
J. H. Busteed, not out	15	run out	15
N. Lavers, c Durbridge, b Goddard	4		
E. D. Hancock, b Goddard	0		
C. H. Fagge, c Durbridge, b Nicholls	3		
Extras	13		5
Total	134		63

PRESENT.

A. E. Clarke, b Joyce	11
F. J. Nicholls, b Shorland	4
K. B. Alexander, c & b Joyce	81
F. C. Wetherell, b Joyce	10
K. V. Trubshaw, b Joyce	0
H. Durbridge, c Shorland, b Laverton	51
L. Humphry, c Lavers, b Laverton	12
G. P. Joy, b Joyce	11
T. Morgan, s Shorland, b Francis	0
E. G. Goddard, run out	1
C. Cowper, not out	0
Extras	6
Total	187

GUY'S v. BICKLEY.

Played at Bickley, on Saturday, June 12, and resulted in a win for Bickley. Guy's again had the misfortune to lose the toss, and Bickley, who had got a strong side together, were not dismissed until they had reached a total of 235. Fisher and H. E. Bouch were the top scorers for Bickley with 60 and 55 (not out) respectively. Guy's started badly and looked like being out for a very small score until Humphry and Trubshaw got together, and made a splendid stand, putting on 80 runs for the eighth wicket, out of which number Humphry scored 65, the result of some very fine free cricket. The last two wickets did not add much to the score, and the full total was 163, 72 runs behind the Bickley total. Scores:—

BICKLEY.

F. P. Helder, b Cowper	25
G. Knowles, b Nicholls	21
W. W. Cooper, c Humphry, b Cowper	1
C. H. Smith, c Cowper, b Nicholls	11
E. Fisher, b Clarke	60
C. T. Boosey, c Humphry, b Clarke	28
R. S. Rogers, c Humphry, b Clarke	0
H. E. Bouch, not out	55
E. Bouch, b Clarke	0
R. B. Atkin, c Nicholls, b Cowper	1
A. Boosey, c Humphry, b Nicholls	15
Extras	18
Total	235

GUY'S.

H. E. Clarke, c E. Bouch, b Rogers	21
F. C. Wetherell, b Rogers	0
K. B. Alexander, b Rogers	14
F. J. Nicholls, c Rogers, b Smith	14
H. Durbridge, b Smith	5
L. Humphry, c Fisher, b Knowles	65
M. S. Barker, b Rogers	10
G. P. Joy, b Cooper	1
K. V. Trubshaw, c E. Bouch, b Rogers	26
T. Morgan, not out	1
C. Cowper, b Rogers	2
Extras	4
Total	163

Guy's Hospital Sports.

THE Annual Sports were held on June 9th at Honor Oak Park. The following were the officials:—President, R. Clement Lucas, Esq., B.S., F.R.C.S.; Committee, H. T. S. Bell, F. S. Batchelor, R. Balderston, G. T. Willan, F. E. Walker, H. A. Higgens, R. M. Barron, E. A. Longhurst, F. E. Fremantle, H. D. Trail, A. C. H. Gray and T. R. Beale-Brown; Hon. Secs., C. F. Watson and W. L. Baker; Judges, J. Fawcett, Esq., M.D., F.R.C.P., J. H. Bryant, Esq., M.D., F.R.C.P., H. A. Monro, Esq., M.B., and F. J. Steward, Esq., M.B., F.R.C.S.; Referee, C. Higgens, Esq., F.R.C.S.; Starter, H. S. Desprez, Esq.; Time-Keeper, Nat Perry; Lap Scorers and Stewards, the Committee. The day was about as bad as it could be, there being heavy rain the night before and a continuous drizzle all day. The track in consequence was very heavy and sloppy, especially in the finishing straight. Spectators were very few and most of the fields small. The band of the City of London Artillery (by permission of Colonel C. H. Coles, V.D.) played an excellent selection of music, under the baton of Mr. James Richards,

the performance being a distinct improvement on that of last year. Mrs. Clement Lucas gave away the prizes. The results were as follows:—

100 YARDS HANDICAP.—Heat 1: T. R. Beale-Brown, 8 yds. start, 1; M. A. Collins, 6 yds., 2; T. M. Walker, scratch, 0; C. T. Hilton, 5 yds., 0; G. J. Lewis, 5 yds., 0. Won by a yard. Heat 2: E. A. Longhurst, scratch, and J. Harris, 4 yds. A splendid race resulting in a dead heat. Heat 3: H. A. Higgens, 5 yds. Final heat: T. R. Beale-Brown, 8 yds, 1; J. Harris, 4 yds., 2. A close race won by half a yard. Time, 11⅕ secs.

HALF-MILE HANDICAP.—L. Pern, 33 yds. start, 1; D. H. Trail, 25 yds., 2; C. T. Hilton, 33 yds., 0; J. Matthews, 37 yds., 0; A. C. H. Gray, 40 yds., 0; M. A. Collins, 45 yds., 0. A good race, Gray leading till a few yards from home, when he fell. Time, 2 mins. 8⅕ secs.

THROWING THE HAMMER.—M. D. Wood, 66ft. 4in., 1; E. A. Longhurst, 64ft. 2in.; 2. D. H. Trail, J. Harris, C. T. Hilton and A. R. Thomas also competed.

120 YARDS HURDLE RACE.—Final heat: H. A. Higgens, scratch, 1; F. M. V. Smith, scratch, 2. C. T. Hilton, J. Harris, C. F. Watson, C. E. Hicks, G. J. Lewis and A. C. Ransford also ran in the heats from the scratch mark. Won by a yard and a half, another yard separating second and third. Time, 20⅕ secs.

ONE MILE HANDICAP.—F. S. Batchelor, scratch, 1; R. M. Barron, 10 yds., 2; H. W. Bruce, 90 yds., 3; F. E. Fremantle, 45 yds., 0; E. J. Crew, 45 yds., 0; P. W. L. Camps, 50 yds., 0; D. Cogan, 55 yds.,; H. N. Clarke, 55 yds., 0. Bruce led till the home straight, when Barron took the lead, but the latter half-way up the straight was passed by Batchelor, who won by a few yards. The same distance between second and third. Time, 4 mins. 54⅘ secs.

PUTTING THE SHOT.—C. T. Hilton, scratch, 29ft. 2in., 1; J. Harris, scratch, 28ft. 10in., 2; D. H. Trail, owes 3in., 0; E. A. Longhurst, scratch, 0.

VETERANS' RACE.—N. H. Pike, 15 yds. start, 1; C. E. Carpmael, 20 yds., 2; H. W. Dudgeon, 5 yds., 3. A good race the whole way. Won by 2 yards, Time, 36⅗ secs.

THREE LEGGED RACE.—F. D. S. Jackson and A. C. Ransford, 1. Six pairs competed. Distance 100 yards. Time, 15⅖ secs.

220 YARDS HANDICAP.—T. R. Beale-Brown, 12 yards, 1; C. T. Hilton, 7 yards, 2; T. M. Walker, scratch, 0; J. Harris, 6 yards, 0; E. A. Longhurst, scratch, 0. Beale-Brown held the lead the whole way, and won by a yard and a half. Time, 25 secs.

HIGH JUMP.—G. T. Willan, 5ft., 1; H. A. Higgens, 4ft. 11in., 2.

TWO MILES BICYCLE RACE.—R. S. W. Littlewood, 60 yards, 1; C. E. Adams, 130 yards, 2; H. F. Halfield, 40 yards, 0. Adams held the lead till the last lap, when he was passed by Littlewood, who won by 20 yards. Time, 6 min. 45⅕ secs.

440 YARDS.—C. T. Hilton, 15 yards, 1; L. Pern, 15 yards, 2; E. A. Longhurst, 7 yards; D. H. Trail, 15 yards; F. M. V. Smith, 18 yards; M. A. Collins, 30 yards. Hilton took the lead halfway, and won by 6 yards. Time, 55⅕ secs.

LONG JUMP.—G. T. Willan, 19ft 1in, 1; H. A. Higgens, 18ft. 10in., 2; F. M. V. Smith.

THREE MILES HANDICAP.—W. L. Baker, scratch, 1; F. E. Fremantle, 45 secs., 2; R. M. Barron, 10 secs, 3; C. F. Watson, 35 secs., 0; E. J. Crew, 40 secs., 0; S. Cock, 2 mins., 0. Baker took the lead in the last mile, and won by 100 yards. Time, 16 min. 42 secs.

CONSOLATION RACE.—E. A. Longhurst, 1; A. Ayre Smith, 2. Three others ran.

United Hospitals Athletic Club.

The Annual Sports will be held at the L.A.C. ground, Stamford Bridge, on Saturday, July 10th. The following is the team chosen to represent Guy's:—

100 yards.—F. W. Sime and T. M. Walker.
220 yards.—F. W. Sime and E. A. Longhurst.
¼-mile.—F. E. Walker and E. A. Longhurst.
½-mile.—F. E. Walker and D. H. Trail.
1 mile.—F. S. Batchelor and R. M. Barron.
3 miles.—W. L. Baker, F. E. Fremantle and R. M. Barron.
Hurdles.—F. E. Walker and H. A. Higgens.
Hammer.—M. D. Wood and E. A. Longhurst.
Shot.—C. T. Hilton and D. H. Trail.
Long jump.—G. T. Willan and H. A. Higgens.
High jump.—G. T. Willan and H. A. Higgens.

Guy's Hospital Lawn Tennis Club.

OWING to the inclemency of the weather on June 9th, the return match v. Hornsey had to be abandoned.

PAST v. PRESENT.

Played at Honor Oak Park on Whit Monday. Notwithstanding the dull weather, a most enjoyable time was spent. The match resulted in a win for the Present by 7 matches to 8; 20 sets to 17; 168 games to 175.

SINGLES: Carter beat Hicks, 3–6, 6–4, 6–3; Williams lost to Rivers, 3–6, 4–6; Rowland beat Clark, 6–3, 6–4; Ransford lost to Dudgeon, 5–7, 4–6; Mandy beat Washbourn, 4–6, 6–1, 6–2; Lacey lost to Goodall, 2–6, 0–6.

DOUBLES: Carter and Williams lost to Rivers and Clarke, 4–6, 7–9; beat Hicks and Dudgeon, 6–0, 4–6, 6–3; beat Washbourn and Goodall, 6–2, 7–5; Rowland and Ransford beat Hicks and Dudgeon, 4–6, 6–3, 7–5; beat Washbourn and Goodall, 6–3, 8–6; lost to Rivers and Clark, 3–6, 4–6; Mandy and Lacey beat Washbourn and Goodall, 6–4, 1–6, 6–4; lost to Hicks and Dudgeon, 4–6, 1–6; lost to Rivers and Clark, 7–5, 1–6, 3–6.

GUY'S v. SURBITON.

This match, played at Surbiton on June 12th, resulted in an easy win for the home team by 9 matches to nil.

GUY'S v. CHISWICK.

Played at Chiswick on June 16th. Owing to there being some difficulty in obtaining a third pair to represent the hospital, only two rounds of American doubles were played. The match resulted in a win for Chiswick

by 3 to 1. Dudgeon and Hancock beat Percival and Proctor, 6–4, 1–6, 7–5; lost to Sax and Tockney, 4–6, 4–6. Williams and Rowland lost to Sax and Tockney, 4–6, 4–6; lost to Percival and Proctor, 6–4, 0–6, 7–9.

Guy's Hospital Swimming Club.

GUY'S v. LONDON.

The above was played at the East Dulwich baths, on May 31st, and resulted in a win for Guy's by 5 goals, Styer (2), Marshall (2), Evans (1), to nil. Team—

GUY'S.—M. S. Barker (goal); G. D. Slater, J. L. Payne (backs); G. Marshall (half-back); G. Evans, A. Styer (centre), C. B. Sells (forwards).

GUY'S v. CAMBRIDGE UNIVERSITY.

Guy's journeyed to Cambridge on Whit Monday to play the 'Varsity S.C. at polo, and suffered defeat to the extent of 5 goals to 1 (Styer). Playing in the river in open air, with an east wind, and a current running at a fair rate had a good deal to go with our defeat; however, a very good game was witnessed by a fair number of spectators. The team was afterwards entertained at dinner by the members of the 'Varsity polo team and a most enjoyable evening was spent. Guy's play Cambridge again on the 18th inst. at St. Saviour's baths, too late for insertion in the present issue. Team—

GUY'S.—M. S. Barker (goal); J. L. Payne, G. D. Slater (backs); G. Marshall (half-back); G. Evans, A. Styer (centre), C. B. Sells (forwards).

GUY'S v. EALING.

This match was played at Richmond on the 11th inst.; Guy's, taking down three reserves, were beaten 7 goals to 1. Team—

GUY'S.—E. F. Hardenberg (goal); G. Marshall (half-back); J. L. Payne, C. B. Sells (backs); B. F. Henry, H. Grose, G. Evans (forwards).

GUY'S 2ND v. LONDON 2ND.

This match resulted in a win for London by 4 goals to 1 (Ash). Team—

GUY'S.—P. H. Ward (goal); E. F. Hardenberg, M. A. Collins (backs); H. D. Trail (half-back); A. Bromley, H. Grose, J. R. Ash (forwards).

From the Gazette's Special Pathologist.

NOTICES.

A. E. P., LOUGHBOROUGH.—The tissue is infiltrated with squamous-celled epithelioma, which is of the papillary type with much keratoid change.

W. E. T., NOTTINGHAM.—The section of skin shows diffuse infiltration of the corium and subcutaneous tissue with tubercle. The giant cell systems are well marked.

F. H., NEW FERRY (J. J.)—After incubation on blood-serum the resulting growth consisted of Klebs-Löffler bacilli associated with the short variety of the diphtheria bacillus (*i.e.*, Hoffmann's Bacillus) associated with a few staphylococci.

F. H., NEW FERRY (J. B.) —After incubation on blood-serum the resulting growth consisted of a short bacillus (somewhat resembling the pneumo bacillus of Friedländers) in pure culture. No Klebs-Löffler could be detected.

PATHOLOGIST.

Appointments.

CIVIL.

BENSON, H. S., L.R.C.P. Lond., has been re-appointed Medical Officer for the Maxey Sanitary District of the Peterborough Union.

COLEMAN, J. G. B., M.R.C.S., L.R.C.P. Lond., has been appointed Medical Officer of Health to the Sutton Bridge Urban Sanitary District; also District Medical Officer, Halbech Union, *vice* R. Henslowe Wellington, resigned.

GILL, JAS. M., M.D. Lond., M.R.C.S., L.R.C.P. Lond., has been appointed an Honorary Assistant Pbysician to the Sydney Hospital, New South Wales.

GOLDING-BIRD, C. H., F.R.C.S., has been appointed an Examiner in Surgery for the Third M.B. Examination in the ensuing year at the University of Cambridge.

NAVAL AND MILITARY.

Commissions in the Royal Navy have been granted to the following gentlemen: R. F. CLARK and F. C. STEARN. Surgeon-Capt. J. W. F. LONG, Army Medical Staff, is promoted to be Surgeon-Major.

The services of Surgeon-Lieutenant-Colonel J. S. WILKINS, D.S.O., Indian Medical Service, are placed temporarily at the disposal of the Government of Bombay for employment on plague duty.

Diagnosis of Case.—Dr. Perry diagnosed primary heart-disease with simple embolus of kidney.

Births.

BOWEN-JONES.—On May 30th, at Carmarthen, the wife of Lloyd Bowen-Jones, L.R.C.P. Lond., M.R.C.S., D.P.H., of a son.

TRESIDDER.—On the 6th June, at 51, Sherwood Street, Nottingham, the wife of William E. Tresidder, M.B., B.S. Lond., of a son.

Marriages.

NEWNHAM—BELOE.—On June 9th, at St. Mary, Redcliffe, Bristol, W. H. C. Newnham, M.A., M.B. Cantab, of Chandos Villa, Clifton, to Kathleen Mervyn, second daughter of W. C. Beloe, of Comynge Road, Clifton, Bristol.

REED—COLLINS.—On June 12th, at Christ Church, Epsom, Surrey, by the Rev. Archer G. Hunter, Vicar, John Charles Groscort, Surgeon Royal Navy, only son of the late Surgeon-Major John Groscort Reed, M.D., H.E.I.S., to Mary Hammett Vining, only child of the late Dr. Collins, India, and of Mrs. Collins, of Sunnyside, Epsom.

STEINHÆUSER—HARDING.—On May 26th, at the Parish Church, Preston, Brighton, John Robert Steinhæuser, M.B., B.S. Lond., youngest son of Adolphus Steinhæuser, 5, Clermont Road, to Gertrude Alana, second daughter of Nathaniel Harding, of 22, Stanford Avenue.

Death.

EASTES.—On May 27th, suddenly, at his residence, London Street, Folkestone, Frederick Eastes, M.D., aged 38.

ED.—F. E. F.

Calendar of Coming Events.

July.

Sat. 3.—Mr. Howse's take-in; Ds. G. H. Bedford and E. Fryer; Cl. C. W. Booker.
G. H. C. C.—I. St. Lawrence, Canterbury. II. Hos.-Sch. C. C., home.
G. H. B. C. ... Sevenoaks, "Marquis of Granby."
G. H. L. T. C.... Weighton, away.

Mon. 5.—First part of the Conjoint Exam. begins.

Tues. 6.—Applications to Medical Office for Schedules First Conjoint Exam. not later than this date.
Final Conjoint Exam. begins.
G. H. S. C. ... Anchor, Southwark Baths.

Wed. 7.—1.30. Clinical Lecture by Dr. Hale White.
Mr. Davies-Colley's take-in; Ds. L. Humphry and E. R. Row; Cl. A. Earnshaw.
Third Conjoint Exam. begins.
G. H. S. C. ... Richmond S. C., Southwark.
G. H. C. C. ... Reigate Priory, home.

Thur. 8.—G. H. C. U. ... Address by W. Barker, Esq.

Fri. 9.—1.30. Clinical Lecture by Mr. Dunn.

Sat. 10.—U. H. A. C. ... Inter-Hospital Sports, Stamford Bridge. Annual Dinner at Frascati's, 8 p.m.
G. H. C. C.—I. Hornsey, Hornsey. II. Itinerants, home.
Hos.-Sch. C. C. Grosvenor United, Ivy.
G. H. L. T. C.... Croydon, away.
G. H. B. C. ... Ripley, "Plough," Clapham.

Mon. 12.—Second part of the Conjoint D.P.H. Exam.
Intermediate M. B. Lond. Exam. begins.

Tues. 13.—G. H. S. C. ... Otter S. C., St. George's Baths.

Wed. 14.—1.30. Clinical Lecture by Dr. Hale White.
Mr. Lucas's take-in; Ds. J. E. Dupigny and J. Howells; Cl. H. T. Hicks.
G. H. B. C. ... Inter-Hospital Races.

Thur. 15.—G. H. C. U. ... Address by J. W. Jordan, Esq.

Fri. 16.—1.30. Clinical Lecture by Mr. Dunn.

Sat. 17.—G. H. C. C.—I. Brentwood, Brentwood. II. St. Bart.'s II., Winchmore Hill.
U. H. A. C. ... L. A. C. at Stamford Bridge.
Hos.-Sch. C. C. Dulwich Melbourne, Dulwich Park.
G. H. B. C. ... Stanstead St. Margaret's, Waltham Cross.
G. H. L. T. C. Mr. Basil Brown's Team, home.

Papers by Guy's Men.

THE *Practitioner* for June has an article from the pen of Dr. Samuel Wilks, F.R.S., entitled "Fifty Years Ago," which is being reprinted in this GAZETTE, and amongst the papers contributed to the recent issues of the *Lancet* and *British Medical Journal* are the following:—

A Clinical Lecture on the proper treatment of Cut-throat Wounds by immediate suturing of all the divided structures.

On the Treatment of Inguinal Hernia. By W. Arbuthnot Lane, M.S. *Clinical Journal*, June 23rd.

Clinical Types of Pneumonia. By W. J. Tyson, M.D. Durh., M.R.C.P. Lond., F.R.C.S. Eng. *Lancet*, June 26th.

The Croonian Lectures on the Means by which the Temperature of the Body is Maintained in Health and Disease. By W. Hale White, M.D., F.R.C.P. Lond. *Lancet*, June 19th and 26th.

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Guy's Hospital Gazette,

JULY 3, 1897.

Fifty Years Ago.

By SIR SAMUEL WILKS, Bart., M.D., President of the Royal College of Physicians of London.

(Reprinted from the *Practitioner*, by kind permission of the Editor).

(*Concluded.*)

Now, as regards the curriculum of study, this, half a century ago, was necessarily very inferior to that which exists at the present day, seeing the great advance made, especially in physiology and pathology. Histology, both natural and morbid, meaning a knowledge of the structures and the changes they undergo, is a branch of science only recently created, and is altogether new. It has been said that all advance in natural science is due to the invention of some new instrument, and if this be so, there is none which can for a moment compare with the microscope. The human eye could only penetrate a certain distance into the form and composition of natural bodies, but the microscope has enabled us to see the minute fabric, and how it is made up. Physiology was making but a slight advance when this instrument showed us the formation of muscle, liver, kidney, and other organs, nor was pathology progressing at any great rate until the microscope displayed to us the changes which the tissues underwent

in disease. Then the whole science of bacteriology, which may constitute a new epoch in medicine, depends upon the microscope. It was only at the time of my studentship that the instrument was beginning to be used, and I remember the first one made by Ross, bought at a great cost by the hospital. Since this time the study of the tissues has made great advance, more especially from the fact of the attraction and absorption of dyes by certain tissues, and so giving rise to the valuable method of staining. Then, of course, amongst modern instruments are the ophthalmoscope, laryngoscope, sphygmograph, etc., as well as thermometers to register the exact amount of heat in febrile conditions. It is often stated that the increased amount of teaching of the sciences has detracted from the practical knowledge of the student. In my experience this is not the case, for on looking at the modern students whom we now turn out, and also taking into consideration the acquirements of the younger practitioners whom I have been in the habit of meeting in consultation, I should say that the older men must yield to the younger in their skill, both in practical medicine and surgery. I have often mentioned one example in proof. Dr. Addison, who excelled in physical diagnosis, and who was one of the first to make use of the stethoscope, was accustomed to speak of the difficulty in determining between pleuritic effusion and pneumonic consolidation, and on one occasion a dispute arose between him and Dr. Hughes, who also was a great authority on the chest, as to the existence or not of fluid in a man's chest; so a trocar was sent for and inserted over the place of dulness, and when fluid flowed out there was a show of applause amongst the students on his splendid diagnosis. Nowadays I have no hesitation in saying that there is not a house-surgeon or a house-physician in London, if a patient were brought in gasping for breath, who would not at once diagnose the existence of fluid and thrust in his trocar without consultation with anyone. I have no reason, therefore, to think that the increased amount of scientific work imposed on students has in any way interfered with the acquirement of practical knowledge.

As regards the advance made in medicine and surgery during half a century, it may positively be said to be very great: in the former, more in the direction of clinical research and pathology; in the latter, of treatment. The clinical or bedside knowledge in the discrimination of morbid conditions has gone hand in hand with their pathology: for example, the more accurate history of typhoid fever is associated with the morbid changes taking place within, as discovered on the *post-mortem* table, or in the case of spinal diseases where the various forms discriminated by the peculiar symptoms are connected with certain definite lesions found after death. In my early days all the cases were confounded under the name of paraplegia, and the functions of the strands of the cord were unknown. At the same time a number of newly recognised diseases are daily before us, such as leukæmia, myxœdema, exophthalmic goitre, etc. The discovery of distinct organisms like bacteria in the specific diseases has opened out a completely new field of inquiry, and may perhaps inaugurate a new era in medicine. So recent is this discovery that I well remember that when the name of bacteria was first mentioned at the Pathological Society a member inquired of the speaker if he was talking of the spawn of frogs (batrachians).

In surgery the advance has been amazing, not so much in the simple art in its mechanical details, but in the performance of formidable operations owing to the discovery of anæsthetics. No human being could have borne what is now done during a whole hour; and then, again, the operations are performed with much less risk owing to the antiseptic treatment. I would not say that independently of anæsthetics and antiseptics little would have been done, because the excision of joints had commenced before the introduction of ether or chloroform. Previously, if the knee-joint was incurably affected, the surgeons could do no better than amputate the leg; but removing the decayed part and leaving the sound was a marked advance in the art. I give credit to the dentist who, instead of extracting a decayed tooth, scooped out the carious part, filled the hole with cement, and left the sound part still to do its work, as the author of conservative surgery. The idea had not, however, escaped our myriad-minded poet, who uses it in illustration when he makes the Duke of York say in *Richard II.*:—

> "This fester'd joint cut off, the rest rests sound,
> This, let alone, will all the rest confound."

But it is anæsthesia which has enabled modern surgeons to do what their forefathers dared not attempt, and antiseptic treatment to ensure success. In looking back to my early professional days, and especially those at the hospital, there is nothing which strikes one so much as the extermination of pyæmia—then a common complaint, now a rare one. But the reflection brings with it the remembrance of the unscientific methods adopted for its prevention. The

belief was that the source of infection was the unhealthy discharge from the wound; therefore to keep this clean and prevent matter being pent up were the great objects of the surgeon. Now and then he would bring the edges of the wound together, when it would at once heal in a manner not to be surpassed by anything seen at the present time. But the method was considered most hazardous. A more frequent practice was to guard against foul secretions by placing a can of water over the patient's head and allow the water to run down a pipe to a bag, which continually irrigated the wound. In the accident ward, where might be seen several cases of amputation, this apparatus was in full play, and it is now surprising to think how any surgeon could have looked for a healing process to take place when he knew that growth could not occur at a much less temperature than 100°, and yet he was allowing water at a temperature of 60° to be continually running over the wound, and ought not to have been surprised to see the stumps slough and the end of the bone become necrosed. When he got rid of the fear of microbes, which the antiseptic treatment allowed him to do, he then for the first time adopted physiological principles to promote the healing process.

As regards improvement in internal treatment by means of drugs, little can be said. Scientific therapeutics is what we are hoping for, but at the present time very little exists, and especially for the reason that we are not fully acquainted with the action of many of the medicines we use, and we are still more ignorant of the true signification of the symptoms of disease which we treat. The use of nitro-glycerine is regarded as placed on a scientific basis; but if so, there are not many other remedies in the same enviable position. That which is often called scientific is when a number of remedies are given for each particular symptom—for example, in pneumonia, antipyrin to abate the fever, antimony to promote expectoration, bromide to cause sleep, and strychnine to support the nervous system. Not believing in this method, which I have unfortunately witnessed, I cannot say that we have made much headway in therapeutics. What is to be deplored is that there should be a fashion in the use of drugs as there is in everything else we do; it is not only that some new medicine is being universally given, but that old and well-established ones should be given up and forgotten. For example, it is well known that opium has a power of retarding or restraining nearly every function of the body, and at the same time acts in a somewhat similar manner over morbid states. There can be no doubt that many acute maladies may be arrested by opium, and I should say that it is equally susceptible of proof that many inflammatory processes are stopped or mitigated. Our forefathers, therefore, gave opium in pneumonia as well as in pleurisy and peritonitis, and it admits of no doubt that the use of this drug was attended with the most beneficial results. For what reason the routine use of it in inflammation has passed away I cannot say.

Take another example, the use of arsenic in angina pectoris. But few authors mention it, and in suggesting its use to other medical men whom I have met in consultation it seemed to be an unknown remedy; yet I think it was recommended by Elliotson more than fifty years ago, and the good effect of it in angina may be found mentioned in the *Lancet* for 1832. Before the introduction of nitrite of amyl, the only remedy which I found of any benefit in this disease was arsenic, but I discovered that I stood alone in its use. Ipecacuanha is a remedy introduced into Europe for dysentery; after a time it fell into disuse and was again re-discovered a few years ago. I can quite understand why a new remedy should be seized upon by everyone for trial, but why a well-known and provedly efficacious drug should be forgotten is difficult to understand. But fashion is a great barrier against progressive therapeutics.

What the future of medicine will be no one can predict, because it is only by developing our present methods that we can judge; but we may be sure that some facts in science will be discovered of which we have at the present time no inkling. Some time ago, when asked this question, I could give nothing but a fanciful answer, which I now quote. What will be the next fifty years' experience in medicine the wildest imagination cannot conceive. All microbes may have been put to the sword; all organs may be taken out, washed and renewed; continued transplantations of active glands like the thyroid keep the brain in continued activity; or injections of Brown-Séquard's fluid preserve perpetual youth. We may, perhaps, discover what there is in our baneful environments which prevent us living the thousand years of the patriarchs; or, perhaps, a great discovery is close at hand: our concentrated beef and meat essences, being injected into the blood, will take the place of bulky food, so that our intestinal tract will be reduced to a minimum, and then, bellyless, we shall develop into that higher angelic creature which we see so often portrayed—all head and wings.

Guy's Hospital Clubs' Union.

At a Council meeting of the Clubs' Union, held on Friday, June 18th, 1897, the following officers were elected to act for the ensuing year:—

President ... ... Dr. Brailey.
Treasurer ... ... Dr. Taylor.
Secretary ... ... Dr. Bryant.
Assistant Secretary ... Mr. A. J. Cleveland.

Council: Dr. Shaw, Dr. Washbourn, Mr. A. D. Fripp, Mr. F. S. Batchelor, Mr. F. C. Wetherell, Mr. H. A. Higgens, Mr. E. I. Spriggs, and Mr. W. B. Hope.

Auditors of Clubs' Union Accounts: Dr. Stevens and Mr. E. Fisk.

Auditors of Constituent Institutions' Accounts: Mr. E. I. Spriggs and Mr. A. J. Cleveland.

The recommendation from the "Blues" committee for the institution of a Half-Blue was adopted:—

That Half-Blues shall be awarded to the Swimming Club, Bicycle Club, and to such members of the Athletic and Lawn Tennis Clubs as are recommended by their respective committees, so that at the end of their seasons the Swimming Club shall be represented by seven Half-Blues, the Bicycle Club by six Half-Blues, the Lawn Tennis Club by three Blues and three Half-Blues, and the Athletic Club by a number dependent on the suggestions of the Athletic Club Committee in addition to their Blues.

Pattern of Half-Blue—

Blue coat.
Blue bone buttons.
Worsted crest on Pocket.
Club letters and crest worked in worsted.
Cap with worsted badge.
Sash with broad stripes.

Hospital News.

CLASSIFIED LIST OF CASES.

In the Medical Wards.

Circulatory System.

Mary 11. Ulcerative endocarditis. Pulmonary regurgitation. Relieved by antistreptococcin.
14. Anæmia. Mitral regurgitation. Enlarged liver.
50. Mitral stenosis.
Philip 1. Hypertrophied and dilated heart.
8. ? Aneurysm.
12. Aortic disease.
17. Mitral stenosis and regurgitation. Tricuspid regurgitation.
21. Mitral disease.
38. Mitral regurgitation.
Stephen 2. Aneurysm of first part of aorta. Aortic regurgitation.
7. Aortic disease.
9. Aortic disease. Albuminuria.
11. Mitral stenosis and regurgitation. Sensory aphasia.

Alimentary System and Abdomen.

Mary 8, 28. Ascites. Enlarged liver and spleen. Congenital syphilis.
13. Dilated stomach.
15, 32. Gastric ulcer.
18. Ascites.
19, 22. Typhoid fever.
Philip 3, 13. Stricture of œsophagus.
5. Abdominal tumour. ? Appendicitis.
14. Enlarged liver.
18. Hæmatemesis.
34, 35. Tuberculous peritonitis.
37. Ascites. Cirrhosis of liver.
Stephen 13. Jaundice. Enlarged spleen and liver.
27. Appendicitis.

Genito-Urinary System.

Mary 2. Subinvolution of uterus. Pyrexia.
10. Chronic nephritis. Hypertrophied and dilated heart. Chronic bronchitis. Mitral and tricuspid regurgitation.
29. Acute nephritis.
Philip 7. Chronic tubal nephritis.
Stephen 6. Diabetes mellitus.
8. Acute nephritis.

Respiratory System.

Mary 4. Pleurisy with effusion.
6. Chronic bronchitis and bronchiectasis. ? Phthisis.
9. Asthma and bronchitis.
20. Hæmoptysis. Bronchitis.
34. Pleurisy with effusion.
Philip 6. Phthisis.
9. ? Carcinoma of lung.
29. Chronic bronchitis and emphysema.
Stephen 4. Bronchitis. Lateral curvature of spine.
12. Pleuritic effusion.
40. Hæmoptysis.

Miscellaneous.

Mary 16. Acute rheumatism.
27. Epistaxis.
33. Syphilis.
Philip 15. Purpura.
19. Hodgkin's disease.
22. Enlarged glands. Enlarged liver and spleen. Osteo-arthritis. Ulcer of tongue.
28. Gonorrhœal rheumatism.
39. Osteo-arthritis.

Stephen 3. Polyarthritis. Erythema.
5. Locomotor ataxy.

In the Surgical Wards.

Cases under Mr. Howse.

Accident 29. Cut throat.
Naaman 1. Talipes equinus. Pes cavus.
2. Hip disease.
4. Hydrocele of tunica vaginalis.
15. Varicose veins.
17. Carcinoma recti.

Cases under Mr. Davies-Colley.

Luke 5. Perforating ulcer. ? Locomotor ataxia.
6. Dupuytren's contraction.
7. Enlarged prostate. Cystitis. Vas-excision.
9. Fistula in ano.
13. Hæmorrhoids. Delirium tremens

Cases under Mr. Lucas.

Job 1. Loose body in knee. Locking.
7. Bursitis (B. patellæ).
20. Epithelioma penis.
23. Epithelioma linguæ.

Cases under Mr. Golding-Bird.

Accident 9. Ruptured urethra.
18. Compound fracture of ilium.
25. Fractured jaw.
32. Punctured wound of thigh.

Martha 1. Run over. Contused labia, &c.
2. Bursitis (bursa patellæ).
4. ? Inflammatory swelling or growth over ilium.
6. Tuberculous shoulder-joint.
16. Tuberculous elbow-joint.
19. Disease of hip-joint. Large fluctuating swelling in thigh.
22. Suppurative mastitis.
Cot. Polypus of rectum.
Cot. Fractured femur.
Lazarus 5. Epithelioma linguæ.
7. Irreducible inguinal hernia.
8. Branchial cyst.
9. Congenital inguinal hernia.
6, 16. Hæmorrhoids.
17. Nævus of cheek.
20. Swelling in neck.

We are glad to hear that Mr. Howse has been re-elected on to the Council of the College of Surgeons.

In the Out-Patients' Department.

Surgical Out-Patients.

Obscure Injury to Shoulder.

A man of 30, presented himself with pain in his shoulder produced by certain movements only. He could raise the arm to a right angle, but just when rotating to carry it up by the side of the head, experienced acute sickening pain. Once above this point movement was free and painless. On lowering the arm the pain recurred just as the arm rotated inwards on reaching the right angle. When rotated passively outwards there was a little tenderness on pressing the inner tuberosity. The man was muscular and a labourer. He fell on his shoulder a month ago, but experienced no inconvenience for several days. Then the pain began. He was free for the last fortnight of the month, the pain returning five days ago.

This case was described by Mr. Symonds as typical of a particular injury, though exactly where the lesion existed he could not say. He referred to three other exactly similar cases. One was very severe and lasted one and a half years. The pain here came with any sudden movement, and it was necessary to use a sling. Here the injury was caused by a twist of the shoulder while hanging from a gymnasium ring. Rest at once was, no doubt, indicated; later, as in the present case, movement, with kneading of the tender part; *i.e.*, produce the movement causing pain and knead with the thumb and fingers.

The prognosis given was that twelve to eighteen months would be required for recovery. The man might use the arm as freely as he could, and was assured that no disease would thereby be produced.

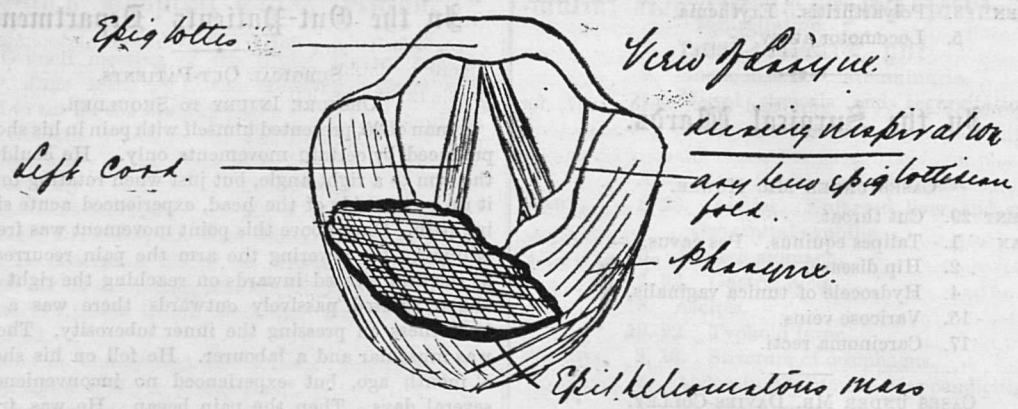
Mr. Symonds then pointed out that the particular injury here was again typical of similar injuries to other joints, *e.g.*, to the elbow at the attachments of one or other lateral ligament, caused by carrying weights or over strain; at the end of the styloid process of the radius where the external lateral ligament is attached, in women from wringing clothes, and in many other situations.

The explanation suggested was a laceration of some fibre of the ligament at the site of attachment, with a local periostitis.

Throat Out-Patients.

Under Mr. Symonds.—Epithelioma Glottidis.

E. R., æt. 51, a traveller, complained of pain on swallowing solids for the last two months and hoarseness of voice for about a month; for the last ten days he has taken nothing but fluids. He has had no dyspnœa, neither has he lost flesh: he looks healthy, and his aspect does not suggest malignant disease. There is no history of cancer or consumption in the family. He admits to an attack of gonorrhœa thirty years ago, but denies ever having had syphilis. A laryngeal examination showed some narrowing of the rima glottidis, with



fixation of the left vocal cord, and behind its arytenoid attachment, extending centrally and laterally, a greyish mass, the longest diameter of which was from side to side. An enlarged hard gland was felt in the anterior triangle on the right side; it was fixed to the deeper parts, but the skin was freely moveable over it. The man could swallow fairly well.

Mr. Symonds diagnosed epithelioma, and considered it was extending upwards along the wall of the pharynx. At a later stage, tracheotomy might be necessary. As a rule such patients can swallow to the end. If any tube for feeding is required, the best, Mr. Symonds considers, is one of rubber.

The patient was ordered a mixture containing Strychnine and Hydr. Perchlor.

A fortnight later, patient said he felt better and was not so hoarse, but the mass had increased somewhat in size.

Case for Diagnosis.

S. H., male, æt. 45. Admitted on June 14th, into John ward, under care of Dr. Perry, for pain and swelling in left arm, left buttock, and for swelling of abdomen.

Family history.—Vague.

Previous medical history.—Patient has had gonorrhœa, otherwise he has always been healthy.

History of present illness.—Three months ago patient fell upon his left arm, and injured it. It caused him much pain. The arm gradually swelled and became more painful. The pain has been increasing in severity, and the swelling has become larger. He has been able to do his work, which did not, however, entail any use of the left arm. A fortnight before admission patient felt pain in his left buttock, running down the leg, and involving also the left groin. During the last few days he has been unable to stand owing to the pain in his left leg. Four days before admission, patient first noticed that his abdomen was swelling. There was no pain but a sensation of fulness and discomfort, especially after taking food.

Condition on admission.—Temperature, 98·2°; pulse, 100; respiration, 20. Patient has an unhealthy appearance. His face is flushed and drawn with pain; his limbs are wasted; he is anæmic. There is a large swelling involving the greater part of the shaft of the left humerus. It is about five inches in length, occupying chiefly the anterior and inner aspect of the bone. It is irregular, nodulated, and fluctuates in parts. It is painful, the pain being increased by any movement. It is tender on firm pressure. There is slight reddening of the skin, with some slight œdema, and small congested venules scattered about over the tumour. The skin is rather shiny, and distended veins can be seen traversing it. There is slight mobility in the humerus, but no crepitis can be obtained. There is loss of power. The measurements of the arm over the tumour are 11·5 inches above, 12·25 inches over middle, and 12 inches at lower end; measurement around humerus is 7·5 inches. There is no thrill or bruit. No darkening of the tissues suggestive of hæmorrhage can be seen in the tumour. The joints above and below are normal. A small, hard, tender gland, can be felt in left axilla. No glands in right axilla. The left forearm is wasted, but not more so than the right forearm, and appears to be due to the general condition and cachexia. There is an extensive swelling over the right ilium, commencing about two inches below iliac crest and extending over an area of about five square inches. It is of irregular shape. The skin over it is hot to the touch, but otherwise normal. It is both tender and painful. It is hard and firmly fixed to the bone. It appears to extend into the pelvis through the sciatic notch. The abdomen is distended; it is resonant around umbilicus, and dull in the flanks. The liver appears to be nodulated and extends for about three inches below the costal cartilages; it is tender. There is slight œdema of the feet. There are small, hard, tender glands in post-triangle of neck on each side.

Circulatory system.—Heart normal. Pulse 100. Leucocytosis of mononuclear eosinophile cells.

Respiratory system.—The chest moves well on respiration. T.V.F. normal. Resonant all over. Air entry rather deficient at right base posteriorly, with a few râles.

Genito-urinary system.—Urine 1026, acid, high colour, excess of urates, no albumen or sugar.

(For key to this case see p. 340.)

A Case of Laryngeal Stenosis following Scarlet Fever.

Eleanor F., æt. 7, admitted Feb. 26th, 1897, for inability to breathe without the use of a tracheotomy tube, and for dry gangrene of three fingers following an attack of scarlet fever.

Previous history.—Patient was admitted to the Eastern Fever Hospital on July 30th, 1896. The following particulars of her illness were kindly supplied by Dr. Goodall. Patient had a bad attack of scarlatina anginosa, with ulceration of the fauces, nasal discharge, double otorrhœa, and bronchitis. A cultivation was taken from the throat, but only streptococci and staphylococci were found; no Klebs-Löffler bacilli. Her sister was also admitted a few days later with scarlet fever, of which she died.

On August 14th symptoms of laryngeal obstruction appeared, which was considered to be due to ulceration of the mucous membrane of the larynx. The obstruction increased, and on August 17th tracheotomy was performed. On August 22nd there were signs of bronchopneumonia which lasted about ten days.

The gangrene of the fingers commenced on September 1st, the tip of the nose, the ears, and the ends of left index and both middle fingers becoming purple and painful. On Sept. 8th, the ends of the fingers became gangrenous, a line of demarcation being formed by Oct. 6th, while the patches on the ears and nose cleared up without any gangrene. A purple patch also appeared over the right cheek, and two soft swellings which developed rapidly below and behind the left ear, the latter being incised and pus evacuated.

On October 12th an indiarubber tracheotomy tube was substituted for the silver tube, and for the next six weeks attempts were made to get the child to do without the tube, but without success.

November 21st. An intubation tube was inserted under an anæsthetic, adhesions being felt to go in the larynx, and for a week the child continued to use both tubes. The tracheotomy tube was then omitted, and O'Dwyer's tubes of gradually increasing sizes used, and by December 7th the tracheotomy wound had healed. On that date patient bit through the string securing the tube, and on attempting to remove it, it slipped off the director, and became wedged behind the posterior nares and above the larynx. She became very cyanosed, and tracheotomy was again performed, the tracheotomy tube being left in till the next day, when the O'Dwyer's tube was replaced. This was worn until December 31st, the patient being very comfortable, but quite unable to do without the tube for a minute, the tracheotomy wound having in the meantime again healed. On that day, however, great difficulty was again experienced in replacing the intubation tube after removal for cleansing purposes, and patient got so bad that tracheotomy was again performed. Since that date she has continuously worn a rubber tracheotomy tube, no intubation tube having been used at all. Patient was then sent up to Guy's.

On admission.—Patient is a thin, weak-looking child. There is double otorrhœa; urine is normal. The last phalanx of the left index finger is in a state of dry gangrene, and the last phalanx of the left middle finger has completely separated. The last phalanx of the right index has gone, but a necrosed piece of bone remains. A laryngoscopic examination was made, but nothing definite could be made out, owing to deformity of the larynx.

The ears were syringed with boracic lotion twice a day, and the rubber tracheotomy tube removed for a few minutes twice every day, but whenever it was removed patient seemed very uncomfortable, and always cried. The time the tube was left out was gradually increased till at last it was left out for two hours, but on one of these occasions patient became very cyanosed, and some difficulty was experienced in replacing the tube.

A fenestrated tube was then tried, the patient being made to take deep inspirations with the external aperture of the tube closed. None of these methods had any effect in causing air to pass through the larynx.

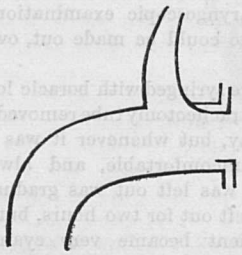
On April 17th, Mr. Symonds examined the patient and found that the epiglottis was deformed and larynx atrophied, the deformity preventing the interior of the larynx from being seen. Mr. Symonds suggested that a silver Durham's tube should be substituted for the indiarubber, which he thought would cause some of the granulation tissue to be absorbed. On April 18th, A.C.E. was administered, and Mr. Symonds endeavoured to pass O'Dwyer's tubes but was unable to do so; a laryngeal dilator was passed after some difficulty, but an O'Dwyer's tube could not be introduced even after this. Mr. Symonds thought that the obstruction was due to cicatricial contraction.

Operation.—On May 10th, A.C.E. was administered and the wound opened up by an incision one and a half inch long above the fistula and half an inch in a downward direction. A flap of granulation tissue was found attached to the lower margin of the fistula, which moved with respiration. This was removed, and an attempt made to pass a probe up into the larynx. This, however, was found to be impossible. The cricoid cartilage was then divided, and white scar tissue was found completely obstructing the larynx. This was removed and an O'Dwyer's tube passed through the glottis from the mouth. The wound was closed with the exception of the original fistula.

After the operation the child breathed through her nose and mouth, but the tube was coughed up and the tracheotomy tube was replaced. For the next few days patient breathed both through the tube and through wound, the breathing through mouth, however, became very noisy, and Mr. Symonds tried to introduce a larger tube. This could not be done, and so the smaller tube and also the tracheotomy tube were replaced.

It soon became evident that it would be impossible to restore the natural channel for breathing, as the lumen

of the cricoid had been obliterated. Mr. Symonds decided to insert a permanent silver tube for respiration, with an inner tube passing upwards, through an opening in the outer tube, into the cricoid ring. When this was fitted the child could make a hoarse laryngeal sound. Later on Mr. Symonds thought dilatation might be effected from below.



SECTION OF TUBE.

Dr. Goodall in his letter states that he feels pretty certain that the laryngeal obstruction was due to ulceration spreading from the fauces, the inability to do without the tube being due to the larynx having been extensively damaged. Such a condition following scarlet fever is very rare, possibly owing to the fact that cases with such extensive ulceration would usually be fatal. It was obviously not one of those cases where the tube could not be removed owing to fright on the part of the child, as in such a case the use of a fenestrated rubber tube would cause air to pass through the larynx. The commencement of the gangrene of the fingers appeared rather as an hæmorrhage in the skin, than as true Reynaud's disease.

In Treves' System of Surgery, Vol. ii., p. 387, is a figure showing the condition found in a child who had worn a tracheotomy tube for three years, the obstruction being due to the development of granulation tissue and later of cicatricial tissue. In the present case an analagous condition would seem to have developed to a slight extent, but the obstruction was mainly due to the cicatrisation of healing from the preceding ulceration and is thus comparable to the obstruction sometimes following syphilitic ulceration of the larynx. P. T.

Cure of Stammering.

THE following letter has been received from Madame Behnke, who has recently treated with success some difficult cases of stammering in Guy's:—

18, Earl's Court Square, S.W.,
15th June, 1897.

MY DEAR SIR,—I hear from ——— ——— that you and Dr. Shaw, the Dean of Guy's, have wished to know from him something of my manner of treating stammering.

It always gives me the greatest pleasure to explain it to doctors, and I have therefore written, in as condensed a form as possible, my ideas on the subject, so that you and Dr. Shaw may have them accurately stated.

Dr. ———, whom Mr. Charters Symonds sent to me, is an unusually successful case. He only needed five or six lessons. As a rule, three months is requisite. Doctors, from their training, see at once the physiological principles underlying the exercises, and no doctor has needed more than a fortnight's lessons.

I should think that your protégé has done extremely well.—Believe me to be, Yours very truly,

R. BEHNKE.

From experience in treating a very large number of cases of stammering and stuttering, I am of opinion that these troubles are due to want of co-ordination between the breathing muscles and the vocal muscles; the nerve centres governing their movements spasmodically fail to control them. The conditions are frequently aggravated, perhaps sometimes induced, by blockage of the post-nasal passages impeding free in-take of air. Such cases require medical aid before elocutionary treatment can be commenced. The exercises given are designed to re-establish the exact and instantaneous co-ordination of the muscles; their continual practise reacts on the motor nerve centres in somewhat the same way in which gymnastics and massage act in certain cases of paralysis.

But, as no two persons stammer alike, it is necessary to carefully study the idiosyncracies of each case and to conquer individual differences before applying general principles. The various forms of *speech* obstruction appear to me to be reflex action, rarely requiring special attention, and disappearing as control is obtained over breath and voice.

Practical Pathology.

By S. E. DENYER, B.A. Cantab.

IN the preparation of pathological specimens for microscopic examination, there are two methods of procedure. One is known as the paraffin method, the other as the freezing method. Both of these have their advantages, of which for the paraffin method greater accuracy in diagnosis can be claimed. For the freezing method, the rapidity of preparation of specimens for examination will always make it a favourite with many. In some cases, however, where the diagnosis by the microscope is difficult, as in the case of a doubtful mass of inflammatory tissue, where there is a question of malignancy, the paraffin method will be found very much more reliable.

THE FREEZING METHOD.—For this method a freezing microtome is required. Cathcart's is a very useful one. Williams' ice-freezing microtome, and Swift's ether-freezing microtome, are also very good. Of these microtomes I think Swift's is as good as any, but it is rather more expensive. A full account of these will be

found in Stirling's Histology.* In this book there will also be found a full account of the ordinary methods of preparation for cutting sections by the freezing microtome.

In order to secure the full advantages of cutting sections by freezing, the tissues must be previously soaked in and saturated with proper freezing fluids. If the tissues be kept in alcohol, first remove all the alcohol by soaking them for twenty-four hours in running water. After this the tissue is soaked in gum mucilage, or, what is preferable, a *mixture of gum and syrup*. The best receipt is that of Hamilton. Make a syrup of 28·5 grams of pure cane-sugar in 30 cc. of water; boil, and saturate it with boracic acid. Allow it to cool, and filter. Place 45·6 grams of gum acacia in 2400 cc. of cold water, allow it to dissolve, saturate it with boracic acid by boiling, and filter.

Freezing fluid—

Take of the syrup	...	4 parts.
" " mucilage	...	5 "
" water	...	9 "

Boil and saturate while hot with boracic acid. Filter through muslin. The tissues are soaked for twenty-four hours or longer in this fluid, *i.e.* after removal of all alcohol from them. The longer they are kept in it the better; in fact, tissues may be kept permanently ready for freezing in this fluid.

In using Cathcart's freezing microtome, the instrument is screwed to a table by means of a clamp. The tissue, not more than 1 cm. thick, is fixed with the gum solution and is frozen with the ether spray. Sections are cut by means of a flat knife. They are removed from the knife by means of a camel's hair pencil, and placed in water. They are then mounted and stained.

A quick method has been used by Coats.† The following is a short résumé of the method:—

1. Select an illustrative part of the fresh tissue, and remove a slice with a sharp knife.
2. Place in absolute alcohol, in a test tube, and heat the vessel in a water bath to about 40° C. for half an hour to an hour.
3. Dry the tissue and place on the freezing plate of the microtome, in a large drop of anise oil.
4. Freeze and cut sections. The upper surface of the knife may be moistened with alcohol while cutting.
5. Place in alcohol to remove anise oil.
6. Float out in water, and place on a slide for staining.
7. Stain and mount.

THE PARAFFIN METHOD.—List of apparatus required.—

1. A hot air or water bath, with small pans for paraffin, and fitted with a Reichert's gas regulator. A Bunsen burner.
2. A number of small jars; porringers answer the purpose exceedingly well.
3. Small bottles (2 oz.) fitted with well fitting corks.
4. Beakers, watch-glasses, etc.
5. A sharp knife.
6. A few razors.
7. Razor stone and strop. Ordinary paraffin, as used for lamps, will be found a very good substance to use on the stone.
8. A number of bottles fitted with well-ground glass stoppers.
9. A number of small flat dishes for washing sections. Those similar to the ones used for photographic work will be found very suitable.
10. Forceps, needles in holders.
11. Slides, cover slips, drop bottles.
12. Fixing solutions.
13. Stains.
14. A Cambridge rocking microtome.

The above list of apparatus will be found fairly complete for fitting up a small laboratory.

The method of preparing specimens to cut in paraffin is as follows:—

The specimen must be fixed. This can be done in several ways.

1. The most useful fixing reagent for ordinary purposes is *perchloride of mercury solution*. There are several ways of making this solution. If a little acetic acid is added to a saturated solution of $HgCl_2$, it will be found to give very good results, and to lessen the likelihood of crystals of the salt being found in the tissue on microscopic examination. The best method, however, of preparing this solution is as follows. A quantity of $HgCl_2$ is taken, and about an eighth the quantity of sodium chloride added to it. This is put into distilled water, cold, in the proportion of about an ounce of $HgCl_2$, and a drachm of NaCl., to rather less than a pint of cold distilled water. This is heated to boiling in a glass flask; all the salts are thus dissolved. The solution is allowed to cool and crystallize, and is then filtered. By this means we ensure a saturated solution of mercuric chloride. The addition of sodium chloride will be found to be of advantage. It reduces the liability of crystallization taking place in the tissues. This is one of the great difficulties that the histologist has to contend with in the use of corrosive sublimate. There is, however, a method of overcoming this, and that is by the use of Grain's solution. A description of the method of using this for the solution of crystals in the tissue will be found below. In order to fix the specimen in perchloride of mercury solution, small pieces must be taken. Proceed as follows: Select a typical portion of the specimen, cut from this small pieces 2 or 3 mm. in thickness with a superficial area of from 1 cm. to 1·5 cm. Place these in about fifty to one hundred times their bulk of the mercury solution. About 2 ounces of the solution will be found a useful quantity for a few small pieces of growth. Allow to remain from 12 to 18 hours in the solution. If very small pieces are taken a few hours will suffice.

2. The tissue is then washed in water. Place the porringer or jar under the tap and allow a current of

* Outlines of Practical Histology, by William Stirling, M.D., Sc.D. Griffin & Co.

† Note on a rapid method of hardening and preparing tissues for microscopic examination. By Joseph Coats, M.D. Journal of Pathology, 1894.

water to pass over for some hours. This is a good method, but if the specimen is put into a porringer full of water and this changed once or twice, it will be quite enough. Wash in this way for about 12 hours.

3. Transfer now to equal parts of methylated spirit and water. Allow to remain in this for from 12 to 24 hours. The spirit and water should be kept mixed, and not made up immediately before use, as considerable heat is generated, and this acts detrimentally upon the tissue.

4. Now transfer to methylated spirit. Allow to remain in this for 24 hours, or the tissue may be preserved in this any length of time. If the tissue is to be preserved for some time in spirit, it is a good plan to add a little water to it. This prevents the hardening action of the spirit taking place so rapidly.

5. After this transfer to absolute alcohol. Before doing this it is a good plan to use two or three changes of methylated spirit. About a third of a small porringer is a good quantity to use, either of the spirit and water or the spirit.

In using the absolute alcohol, on account of the great expense, only a very small quantity need be used. Use therefore just enough absolute alcohol to cover the tissue. Well-stoppered bottles must be used. Two ounce ground-glass stoppered bottles are the best. A little absolute alcohol is put in the bottle, filling the lowest half inch of the bottle, and the tissue put in. The bottle must be stoppered immediately. If this is not done the absolute alcohol absorbs water from the air, and loses much of its dehydrating power. This is especially noticeable in damp weather. Be careful, therefore, to be rapid in transferring to and from the absolute alcohol. The excellence of the results obtained depend entirely upon the care and attention taken in preparation. If care be used, and every step be carefully watched, most perfect specimens can be obtained. If the sections are not good, it is not the fault of the method, but of the operator. It will be found best to use three different bottles of absolute alcohol; the tissue being first transferred to one, then to the second, lastly to the third. The specimen should be kept in each lot of absolute alcohol for two or three hours.

6. The tissue is now to be transferred to xylol. This is to clear the section. Judgment and experience are necessary for clearing well. The following may be useful: as a rule from four to six hours will be necessary. In many cases, however, less or more may be required. If the growth be an ordinary cancer or sarcoma, the above-mentioned time will be enough, unless the growth be from the tongue or uterus, when the xylol will be found to cause great hardening if left too long. These will, therefore, have to be carefully watched. Growths containing much fibrous tissue require careful treatment, as they tend to get very hard. Of all growths those of the thyroid gland are the most difficult to clear with xylol, as they get of rock-like consistence in a very short time and quite uncutable. The celloidin method is better for preparation of thyroid specimens.

7. After treatment with zylol the specimen is now transferred to paraffin, melted at from 50° C. to 56° C. Paraffin melting at different temperatures will be required in summer and winter. For winter use paraffin melting at 48° C. will be found useful. In summer a melting point of 50° C. or 52° C. is required. The tissue is left in this for about twenty-four hours. In most cases this will be found to be quite sufficient for complete saturation. If the piece of growth is very small, however, six to twelve hours will be found to be sufficient, or even less. With larger pieces of very solid growth, thirty-six to forty-eight hours may be necessary. There are so many small points to be noticed in all the steps of the paraffin method, that it is impossible to note more than a few. Care and attention will overcome many difficulties. With regard to paraffin the following points are useful. Allow the xylol to drain off before putting into the paraffin bath. In embedding, use a fresh quantity of paraffin, *i.e.*, one that has no xylol mixed with it. If this is done the paraffin will not go "cloudy" as it is apt to do if the paraffin that has been used for soaking the tissue be used. Of the tissues that require care in the paraffin bath, those of the testicle require the most as they very rapidly shrink. Do not allow these to remain very long in the bath, therefore, and be exceedingly careful about the temperature. Do not allow it to go above 52° C. All soft growths, and those containing *soft* connective tissue require to be watched, as they so soon shrink and are thus rendered quite useless for a satisfactory examination.

The New Physiological Laboratories and Library.

THE need of a reference library having often been felt by workers in the laboratory, an appeal was made a few months ago to past and present teachers in the department for assistance in founding such a library. The appeal met with a gratifying response all round, Dr. Pavy, Dr. Pye-Smith, Mr. Golding-Bird and Dr. Washbourn promising gifts of money or books to help to provide the nucleus of the library.

We reserve to next issue a list of books in the collection. We would only add that the collection is select rather than comprehensive, and ample scope is still left for would-be donors to display their generosity in making further additions to the library; any work on physiology, whether ancient or modern, would be received with gratitude by the lecturers.

Below is the balance sheet, showing the mode in which the amounts already received have been expended:—

RECEIVED.	£	s.	d.
From Dr. Pavy	5	0	0
Mr. Golding-Bird	15	0	0
Dr. Washbourn	30	0	0
Total...	£50	0	0

EXPENDED.	£	s.	d.
Messrs. Dulau & Co.	11	13	0
" "	22	7	0
Mr. Grattan	3	7	0
"	1	7	9
Bookbinders' Co-operative Association	2	16	1
" " "	8	13	7
Rubber Stamp	0	4	4
Total	£50	8	9

E. H. STARLING.

Audited and found correct,

S. H. CROUCHER,

May 29th, 1897. Clerk to the Dean.

Guy's Hospital Rifle Association.

(Unavoidably held over from last issue.)

GUY'S v. HARROW.

This match was shot off at Harrow on June 3rd, and, owing chiefly to the fact that four out of the nine Guy's men selected to shoot were at the last moment unable for various reasons to turn up, resulted in a victory for Harrow by 22 points. This defeat interrupted a series of ten consecutive victories on the part of the Hospital team. The five men out of the Harrow team (of nine), whose scores were counted in, did fairly well. Our men also averaged a fair score, although we have seen them in better form.

GUY'S	200 yds.	500 yds.	Total.
Pearson	31	29	60
Beale-Browne	26	27	53
Bell	27	25	52
Forsyth	28	20	48
Gibson	23	18	41
			254

HARROW.	200 yds.	500 yds.	Total
Hoare	28	30	58
Bray	28	29	57
Strutt	29	28	57
Mackenzie	23	31	54
Cottrell-Dormer	30	20	50
			276

GUY'S v. WHITGIFT.

This match was shot off at Woldingham on Monday, May 31st. The result was an easy victory, as, whilst. Whitgift were somewhat off colour, our men put together a record score for Guy's. This was the more satisfactory as Ticehurst and Beale-Brown are new to the team this year.

GUY'S.	200 yds.	500 yds.	Total.
Pearson, A.	30	32	62
Beale-Brown, T. R.	30	29	59
Moss, B. W.	28	30	58
Ticehurst, N. F.	27	27	54
			233

WHITGIFT.	200 yds.	500 yds.	Total.
Hampton	14	29	43
Grant	29	19	48
Williams	28	28	56
Brodie	20	20	40
			187

The New House Appointments.

ASSISTANT HOUSE PHYSICIANS.

Messrs. W. E. HILLS and H. P. FERRABY have both served as Residents in the Charity; Mr. Ferraby having finished his time at the end of March, and Mr. Hills only last month. Biographical notices have appeared accordingly in the GAZETTES of January 2nd and April 10th respectively.

ASSISTANT HOUSE SURGEONS.

Mr. ROBERT BASIL STAMFORD came from Repton School and entered Guy's in October, 1890. He passed the first Conjoint examination in elementary anatomy in March, 1891; in elementary physiology in July of the same year; and chemistry in January, 1892; he passed the Second Conjoint examination in October, 1894. After holding the customary compulsory appointments, clerking to Drs. Goodhart and Hale White, and dressing for Messrs. Lane and Howse, he filled the posts of clerk to the anæsthetists, clinical assistant in the medical wards, and dresser in the eye wards; he qualified L.R.C.P., M.R.C.S. in April, 1897. Mr. Stamford has distinguished himself considerably as an athlete, helping the cricket eleven to win the cup four years running—'91–'94, and figuring in the Association eleven five winters, in the last of which the cup returned to Guy's. This year he was responsible for the organization of the Past team on Whit Monday.

Mr. A. W. ORMOND served as obstetric resident in January and February of this year. His biography appeared accordingly in the GAZETTE of January 2nd.

OBSTETRIC RESIDENTS.

Mr. CHARLES CLEMENT STEAD was educated at Clifton and Caius College, Cambridge, obtaining a third class in the Natural Science Tripos. He entered Guy's as a third year's student in June, 1893, having previously passed the second M.B. examination in anatomy and physiology. He clerked to Drs. Taylor and Hale White, and dressed for Messrs. Jacobson and Howse. In addition to the usual appointments he has been post-mortem clerk, obstetric out-patients' clerk, dental surgeon's dresser, aural surgeon's dresser, clerk in the skin department, clerk to anæsthetists, dresser in the eye wards, clinical assistant, and clinical assistant in medical out-patients. He has also worked as clinical assistant on the medical side at Great Ormond Street Hospital. He qualified L.R.C.P., M.R.C.S. in April,

1896, and passed the M.B., B.C. examination in April, 1897.

Mr. WILSON TYSON was appointed assistant house-physician twelve months ago, and his biography appeared accordingly in the GAZETTE of July 4th, 1896. For the first three months of this year he acted as president of the Residents.

Mr. STANLEY WHICHER entered Guy's in 1891 as a preliminary scientific student. After passing his preliminary scientific examination, he entered as a "full" student in October, 1891. He passed in elementary anatomy and physiology of the first Conjoint examination in March, 1892; the second Conjoint examination in March, 1893; and the intermediate examination in medicine of the London University in July, 1894. Mr. Whicher clerked to Drs. Goodhart, Pitt and Shaw, and dressed for Messrs. Jacobson and Howse. He has held the following in addition to the compulsory appointments :—Clerk to anæsthetists, dresser in the throat department, and clerk in the skin department. He qualified L.R.C.P., M.R.C.S. in January, 1897, and M.B. London in May last.

GOLD MEDALLIST IN MEDICINE.

Mr. R. P. ROWLANDS obtained the Treasurer's gold medal for Clinical Surgery last year, and his biography appeared in the GAZETTE of July 4th, 1896. He has been assistant house-surgeon during the last three months, and is now appointed house-surgeon to Mr. Lucas.

GOLD MEDALLIST IN SURGERY.

MR. ROBERT HOWARD hails from Marlborough, where he figured in the sixth form, in the Oxford and Cambridge certificate list with three distinction marks, and in the Rugby football and rifle teams. At Trinity College, Oxford, he obtained a first-class in the final honours school of physiology in 1894, passing the first M.B. examination in the previous year. Entering at Guy's in October, 1894, he clerked to Drs. Pye-Smith and Hale White, dressed for Messrs. Jacobson and Lucas (six months), and has held appointments in the anæsthetic, skin, electrical, gynæcological, eye, ear, and throat departments of the hospital, as well as that of clinical assistant at the end of last year. He is at present undergoing examination at Oxford for the final degrees of M.B., B.Ch. Mr. Howard read a paper before the Physical Society on "Life and Death" in the Session before last, when he obtained the prize for speaking; and he is now senior secretary of the Debating Society. In 1895 he was second in the examination for the third year's prize, and in March of this year he was awarded the Beaney prize in pathology.

ACKNOWLEDGMENTS :—Clinical Journal; Hospital; Pediatrics; La Revista Moderna; St. Bartholomew's Hospital Journal; St. Mary's Hospital Gazette; St. George's Hospital Gazette.

The Re-Endowment Fund.

Amount required	... ...	£500,000
„ received to date	...	197,000

IT is impossible to over-rate the possible influence on this fund of a word spoken in due season. We do not know how long since it was that a certain Guy's man interested a patient in the work and worth of his old school. When that practitioner died, the patient sought to found a memorial to him, and it took the form of an endowed bed. Following on this, that same patient has just made us a Jubilee gift of £3,000, with the suggestion of further favours yet to come.

Such a combination of circumstances as made all this possible must be of the most common occurrence in many practices held by Guy's men, and we mention the above as an encouragement to them to take advantage of their opportunities of helping the fund, for therein rests much of our hope for the future. A suggestion made to a wealthy patient by one whom that patient holds in regard is worth more than a volume of appeals from headquarters.

Nursing News.

On Saturday, June 19th, probationer Sutton was awarded a certificate for proficiency in massage by the "Society of Trained Masseuses." Probationer Sutton was second on the list of successful candidates.

Probationers Dewhurst and Reeve entered on their six months' course of fever training at the Western Fever Hospital on July 1st, and on the same day probationers Hockley and J. Gray returned, having completed their period of special training and gained their certificates.

Nurses Creighton and Press have been appointed by the House Committee as head nurses on the regular staff on the completion of three years' training. They will continue their duties in the wards to which they are already attached.

Nurse Moles left the hospital on June 16th, at the end of three years' training, and has obtained a post as charge nurse at the new Park Hospital, under the Metropolitan Asylums Board.

Nurse Hughes also left on July 1st, having completed three years' training here and three years previously. She has been appointed district nurse to out-patients, under the benevolent scheme of A. L. Josephs, Esq., and will be attached to the Home of the Queen's Jubilee Nurses at St. James's Road, Bermondsey.

Passim.

It was very gratifying to all Dr. Wilks' admirers to read his name in the list of new baronetcies bestowed by the Queen on the occasion of the completion of the 60th year of her reign. No one has better deserved honour than our consulting physician, the president of the Royal College of Physicians. His whole career has been spent in absolute devotion to the science of medicine and the interests of the Guy's Medical School and of the profession at large. Resolutely opposed to practices that seemed to him in any way unseemly or dishonourable, intent upon the advance of real knowledge and the suppression of deceit in every form, Sir Samuel Wilks is eminently fitted to sustain on behalf of science and medicine the chivalrous traditions of an English baronetcy. On behalf of all Guy's men we tender him our heartiest congratulations on the honour which has crowned the consistent efforts of his life in the following out of the ideal.

Probably most subjects of the British Empire are glad that the sixty years' celebration is over. There was always in public view the danger of the Queen's health or the Queen's weather failing, there were the ominous prophecies of the Metropolitan Police, who were said to have reckoned on two thousand deaths that day in the streets, and the anticipations by evening papers and bloodthirsty medicals of a stand breaking down or a railway collision occurring. In the event, there were the discomforts of the thermometer at 90° in the shade, and the general disturbance of everything, and the actual fatigue that was bound to result from excessive jubilation and energy in seeing the sights. But the memory of the occasion will be an everlasting possession, and although it was not found advisable to erect a Guy's stand or outwardly to decorate or illuminate the hospital, there can have been few more thoroughly loyal institutions than our own, whose President is, in himself, a surety of the respect felt for the immense social influence, both personal and general, of the monarchy. *Floreat Victoria; floreat; florebit.*

The procession of June 22nd was a great advertisement for the Borough. Many people hardly realised its existence, and huge crowds who made their way round the whole route to see the illumination were most favourably impressed, at least by the decorations on this side of the river. Guy's disported itself, to a large extent, in seats varying from half-a-guinea to five guineas in price in the Borough; others were in the West End; some of the nurses were given seats in St. Paul's Churchyard; twenty men hired a roof close to St. George's Church for eight guineas; and a large minority decided to see what they could from the pavement, where, as it turned out, there was absolutely no crowding, and the standers had an excellent view. One old Guy's man, in fact, preferred to leave his guinea seat, and to see the procession from the pavement by St. Thomas's.

On the three following evenings Guy's went in detachments to see the illuminations; and admired Piccadilly and St. James's Street, and the newspaper offices, with one horrible exception, in Fleet Street; and wondered at the scanty illumination of the theatres and the total darkness of the Law Courts and Somerset House. The time for the course of about six miles was something over three hours. Vehicles were quite out-paced, and generally retired at half or quarter distance.

The patients, of course, thought they had missed a great deal by being in the hospital; but if they had been at home it is doubtful if they would have come to see the procession. The extraordinary thing that day was the absence of the crowd. Where was Bermondsey? Where Rotherhithe? Where were Falcon Court and Crosby Row? Presumably they were indoors; they certainly were not in evidence in the streets, and they could hardly be in the streets without being very decidedly in evidence. Possibly also the elbow room in the streets may have been largely due to the closure of the bridges, and to the length of the route.

The patients, however, would undoubtedly have liked to be represented; and it is a pity that special arrangements could not have been made for a good contingent from Guy's, nurses, men and convalescents, to have lined London Bridge, which was kept zealously guarded by the police against all comers. In other ways the wards were very festive. A good hearty dinner and delicacies for tea were provided from the nether regions of the hospital, while the Sisters supplied tobacco, and one patient at least was noticed to have made 60 cigarettes by Monday evening in anticipation of a joyful morrow. History does not relate the sequel.

GUY'S was represented at the great Naval Review on Saturday last by some half dozen surgeons in the service, as well as by a number of spectators, who were well rewarded for their trouble by the splendid sight both by day and by night, not to mention the additional effect of a violent thunderstorm. A good party took the advantage of a five-shilling excursion on Sunday, and others went down on other days to see the fleet, those who stayed late on Monday being fortunate enough to see the twenty-five miles of ships illuminated for a second time. The lighting was carried out by incandescent lamps, worked by the dynamos which are now carried on board nearly every ship in the navy; and almost threw into the shade the search lights, which are usually the most striking features of naval illuminations. The whole scene, with a fleet the equal of which has never been seen, was a most impressive means of inculcating sound imperialism in every British heart.

THE Treasurer and Mrs. Cosmo Bonsor received a large party of visitors on Saturday afternoon, the 19th ultimo, mostly from the neighbourhood of Stoke Newington and Stamford Hill. Through the kindness of several members of the Junior and Resident Staff, the visitors were taken over the hospital and school buildings, after which they returned to the Court Room, where afternoon tea was served. The visitors present were mostly members of the congregation attending the Church of St. Andrew's, Stoke Newington, whose offertories for Guy's during the last few years have amounted to £850. Three collecting cards in the same neighbourhood have produced over £900 for the hospital, while the children of the congregation have sent into the wards some 4,000 pots of flowers and ferns, and nearly half a ton of grapes and other fruit. May this congregation live long and die happy.

THE Inter-hospital Sports take place next Saturday, July 10th, and it is to be hoped that there will be a good gathering of spectators from Guy's. The contest in nearly all the races is bound to be very keen, and there will be a close rivalry between St. Mary's, St. Bartholomew's and ourselves for the Cup, which in the end St. Bartholomew's are almost certain to win. The teams and their friends will dine together in the evening at Frascati's, and great things are expected. Mr. W. L. Baker will receive names of any Guy's men, past or present, who wish to be present.

OUR heartiest congratulations are due to F. W. Sime on winning the Scottish Amateur Championship at 100 and 220 yards, and on being piped home to his "ain native toun" by torchlight, as we read in the *Sportsman*. We shall expect to see some fine racing between him and H. C. Woodyatt of University, who failed last year to win the English championship.

IN the athletic match of the United Hospitals against Dublin a fortnight ago, the former won a close contest by the odd event. It was a miserable day, with a wretched grass track, soaked with rain which lay about in puddles, a track to which our own at Honor Oak would have been infinitely superior. F. E. Walker's second, therefore, in the half-mile in 2min. 6$\frac{4}{5}$secs. was a very creditable performance. We shall hope to see some interesting performances in the match against the L.A.C. on the 17th.

THE Blues' Committee have decided to inaugurate a Guy's "Half-Blue," to be awarded chiefly to such members of the various athletic teams as are not awarded their full blue. It is hoped in this way, by giving a definite reward for good play and energy, to encourage the competition for places in the teams; and all patriots in Guy's will agree with the committee that, with the very great advantage offered by our ground, there ought to be much keener competition and better play than is the case. The teams appear to depend too much at present on fourth and fifth year's men, who are constantly disabled from strict training by examinations; while the lower years do not seem nearly keen enough to take their place.

ONE of the most distinguished of the athletes that have done honour to Guy's, at the same time a house-surgeon whose merits are too great and too recent to require enumeration, leaves us for the Antipodes on Monday. Mr. H. T. S. Bell will take with him from Guy's the very best of wishes for his future success, and may be assured of a very warm reception when he returns to the old place as a representative of Australian surgery.

ON Thursday the hospital woke up to find Messrs. Jackson, Panting, Fagge and Plummer no longer numbered with the Residents, and the loss will be as deeply felt as is ever the case at the end of a quarter. Messrs. Ferraby, Hills, Stamford and Ormond have begun work

on the assistant resident staff, and will do well if they can follow in the steps of the four expert physicians and surgeons who have now gone off duty. Messrs. Fisk and Stead will reign in the Charity for the present month, while Mr. Pike presides at the Residents' table. Our best congratulations are due to the new Residents, and our heartiest good wishes and farewells to the old.

DR. GERALD SICHEL, R.N., on board H.M.S. "Gibraltar," has apparently been reflecting on the subject of his past life. He writes, however, a jovial letter in answer to a request from ourselves, and sends a paper and sketches concerning his past experiences which we hope to publish in our next issue. We may take this opportunity of asking other old Guy's men to do likewise, as nearly half our circulation is amongst men who are qualified.

We regret to hear of the death in West Africa of Mr. C. J. Prime, M.R.C.S., of the Royal Niger Company. Mr. Prime, who left Guy's some seven years ago, entered the service of the Company last winter, while his friend, Mr. Reginald Koettlitz was journeying in the opposite direction towards the North Pole. It was known at the time he left England that he was not very strong in health, and the risk has proved too great. Although unknown to the present generation of Guy's men, he was well known and popular among the last, who will feel his death as another severance between themselves and their student days. We will hope to publish a full obituary notice in our next issue.

THE Lawn Tennis Cup is not to come this year to Guy's. In the first round our representatives beat the London team after an exciting struggle, which they began by losing five out of the six single-handed matches. On Wednesday they were defeated after a very good game by the St. George's team. Alexander and Wetherell, who were imported for the occasion from the cricket team, showed themselves worthy of their place under the circumstances, but it was a great pity that A. B. Carter, who is undoubtedly the finest player in the hospital, should have been unable to help the team.

THE Cricket team, after beating St. Mary's in the first round of the Cup-tie, have done well in their other matches, and on Monday they hope to win their match in the second round.

A GOOD paper has reached us on the pneumonic type of plague, by Surgeon-Captain L. F. Childe, by whom it was read before the Bombay Medical and Physical Society some three months ago. The paper describes "the large and unexplained increase assigned to remittent fever and respiratory diseases," which was noticed as the deaths from plague increased in Bombay, and gives an account of the author's work in proving that these were essentially of the nature of plague. We hope to publish his paper as soon as there is space available.

THE account of an interesting case of appendicitis simulating renal colic was recently sent us by Dr. Percy Warner, and published in the GAZETTE of May 22nd. We should be glad to hear if any other medical man has noticed a similar phenomenon, or has had occasion to suspect, as the author in this case suspected, a causal connection between appendicitis and influenza.

THE Greek war being now over, and the sick and wounded for the most part drafted off into the ordinary military hospitals, the English contingent is on its way home. Nurses Fox and Davidson were to be in Paris last night, and are expected daily in Guy's; while "our own medical war correspondent" has already been back for the best part of a fortnight, sunburnt and very well content with his experiences.

Some two dozen of the "Disguysed" Minstrels were photographed the other day, but, unfortunately, not in disguise. Next year it is to be hoped that they will be taken in black; in which case the group would be worth reproducing in the GAZETTE as "Faces for diagnosis." Copies of the group taken may be had on application to Mr. Stanley Cock at the usual group price.

THE Debating Society has made up its mind to dine on Tuesday, July 13th, and Dr. Fawcett has consented to fill the chair. The dinner is fixed for seven o'clock, in the College Library, and is followed by an impromptu debate upon one or more topics in turn, suggested by the chairman, with in general very amusing results. It is requested that those who propose to dine will write their names on the list in the smoking room, in order that it may be known how large a dinner to provide.

IN another column we give an account of the new Physiological library for which Mr. Starling has asked money or books from various friends

of the hospital, especially those on the Staff. We are glad to see that Dr. Starling has already obtained a good proportion of the books he required, and hope that the library will be only the forerunnner of much good physiological work and reading in the new laboratory.

This part of the work has come somewhat prominently before the public recently on account of the correspondence that has been taking place in several of the more important newspapers, chiefly between Dr. Starling and Mr. Stephen Coleridge, the secretary of the Anti-Vivisection Society. As always happens on these occasions, the two parties are reasoning from different postulates and axioms, and, needless to say, no further conclusions have been arrived at. None, indeed, could be expected when, in spite of his opponent's absolute denial of the fact, Mr. Coleridge insists that Dr. Starling's experiments, where the reverse is not stated, were performed without an anæsthetic. To the medical mind, however, the question of vivisection has been settled long ago, and vivisection with the control of Government inspection is held to be not only justifiable but necessary.

Those who make, or may in the future make use of it, will be interested to know that Bright ward is reopened, very clean, and with many improvements.

Many medical men will be glad to know of a good cure for stammering. In another column will be found a short notice of the method adopted by a certain Madame Behnke for this purpose. The method has proved particularly effective in the case of one of the Guy's servants and of a recently-qualified Guy's man, as has been noticed by many; and the latter, who is now in practice, is quite convinced that the method is scientifically correct and perfectly effective for those who are determined to conquer the defect. Mr. Symonds was responsible for sending this case to Madame Behnke, and is willing himself to recommend her method.

The excellent suggestion for a children's party at Christmas time, in the out-patient department, has taken practical shape, as will be seen by reference to our correspondence columns. Subscriptions are to be gathered in during the summer and autumn, and those of half a crown and upwards will be acknowledged in the Gazette. £70 are wanted, and old Guy's men, as well as present, may be glad to contribute to give the Borough children a really first-rate treat.

House Committee.

It is proposed, upon the suggestion of Mr. Lucas, that the oil-painting of Sir Astley Cooper, lately hung in the operating theatre, should be transferred to the rooms of the Students' Club in the College, and the committee of the Students' Club have the matter under their consideration.

The tender from Messrs. Thompson, Ritchie & Co. has been accepted for the electric lighting of the buildings forming the east side of the front quadrangle of the hospital.

The Services.

(From our Special Correspondent).

NAVAL MEDICAL SERVICE.

The Jubilee Honours accorded to the Naval Medical Service do not happen to have fallen upon any Guy's men, but are worthy of record on such an occasion, and show that the Department is not forgotten amidst the general distribution of awards for long and faithful service to Queen and Country.

Drs. Henry F. Norbury and James J. L. Donnet, Inspectors-General of Hospitals and Fleets, are each honoured by a K.C.B.

Dr. Henry Macdonnell, Inspector-General of Hospitals and Fleets, receives a C.B.

Dr. Norbury's services in face of the enemy date back to the Kaffir war of 1877, and his scientific services are well recognised in the navy. He is an old Bart.'s man, and is popularly supposed to be the next occupant of the Director-General's chair at the Admiralty.

Dr. Donnet represents the Retired List, and was present at the siege and fall of Acre in 1840. He has also arctic services, and is noteworthy as an officer who was under fire during the Russian war, but does not wear a medal for that war because he was neither in the Black Sea nor the Baltic. He is an alumnus of Edinburgh.

Dr. Macdonnell (Royal College of Surgeons, Ireland) served at the bombardment of Alexandria and during the Egyptian war.

Her Majesty has also been graciously pleased to appoint Dr. H. C. Woods, of the Royal Yacht *Victoria and Albert*, a member of the fourth class of the Royal Victorian Order. St. George's hospital can claim Dr. Woods as one of its most distinguished sons. He is a *persona grata* at Court and takes duty for Sir James Reid, who, it will be seen, has been singled out for special honours and raised to the peerage.

Pass List.

University of Cambridge, June, 1897.

Second Examination for Medical and Surgical Degrees.

Part II.—C. H. Glenn, D. P. Watson.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

A Children's Party in Guy's.

DEAR SIR,—It has been proposed by the committee that the funds necessary for the successful carrying out of the out-patient tea scheme, to be held next Chrismas-day, be raised, as far as possible, between now and the commencement of the winter session; this is to avoid any interference with the patients' Christmas dinner fund. As about £70 will be needed, the committee thought that each student should be asked to contribute the sum of 2s. 6d.—or more if he wishes to do so—and at the same time try and interest his friends in the scheme. Others connected with the hospital will also be invited to contribute. The funds are to provide—

1. A substantial tea for between 400 and 500 children.
2. Two Christmas-trees.
3. Punch and Judy show, etc.
4. To provide a loaf of bread and a quarter of a pound of tea, for each child to take home.
5. And, above all, to present the hospital in its proper *rôle* to those for whom it is really intended.

Contributions may be paid in to any member of the committee, which consists as follows:—The Matron, Sister Stephen, Sister Mary, Miss E. Nott-Bower, Dr. Perry, Messrs. V. E. Collins, R. T. Fitz-Hugh, G. K. Levick, F. E. Walker, A. J. Cleveland, W. H. M. Smith, F. S. Batchelor, T. W. Landon.—I remain, dear Sir, your obedient servant,

THOMAS W. LANDON,
Secretary.

Guy's Hospital, London,
June 29th, 1897.

Appointments.

HOUSE APPOINTMENTS.

The following appointments have been made by the House Committee upon the recommendation of the Medical Committee:—

House Physicians.—Messrs. F. G. Thomas (Dr. Taylor); A. G. Butler (Dr. Goodhart).

Assistant House Physicians.—Messrs. W. E. Hills and H. P. Ferraby.

House Surgeons.—Messrs. R. P. Rowlands (Mr. Lucas); J. Howell (Mr. Golding-Bird).

Assistant House Surgeons.—Messrs. R. B. Stamford and A. W. Ormond.

Obstetric Residents.—C. C. Stead (July); W Tyson (August); S. Whicher (September).

MEDICAL SCHOOL APPOINTMENTS.

The following appointments have been made by the Medical Council and approved by the House Committee:—

Clinical Assistants.—Messrs. C. W. Booker, A. Earnshaw, H. T. Hicks, F. A. Godson, M. H. Way, C. P. Weekes.

Gynæcological Assistants.—Messrs. R. W. Mayston (July–August); W. E. Plummer, L. C. Panting (August–September); G. K. Levick (September–October).

Clinical Assistants in the Medical Wards.—Messrs. A. T. Falwasser, A. J. Hull, W. K. Wills, E. H. Musgrove.

Clinical Assistants in the Surgical Wards.—Messrs. P. Turner (Mr. Lucas); W. T. Milton (Mr. Golding-Bird).

Clinical Assistants in the Medical Out-Patients.—Messrs. A. J. Wernet (Dr. Pitt); J. G. Watt (Dr. Shaw); F. E. Fremantle (Dr. Washbourn).

Dressers in the Eye Wards.—Messrs. H. J. Starling, P. Turner (August) (Mr. Higgens); S. E. Denyer, G. E. Richmond (August) (Mr. Brailey); C. R. Nicholson, H. W. Bruce (September 16th) (Mr. Higgens); J. O. Garland, J. A. Glover (September 16th) (Mr. Brailey).

Dressers in the Throat Department. — Messrs. H. Leader, H. J. Barker, A. T. Falwasser, W. H. M. Smith, F. J. H. Martin, J. E. Powell, R. Howard, R. W. Mayston.

Surgeons' Dressers.—Messrs. E. Ashby, H. S. Crapper, L. D. B. Cogan, A. W. Nourse, H. W. Fox, R. J. Pritchard (Mr. Howse); P. W. Moore, G. N. Mottram, A. A. Miller, J. T. De Coteau, W. S. Richardson, T. M. Walker (Mr. Davies-Colley); W. H. M. Telling, F. E. Walker, J. L. Payne, E. W. S. Rowland, R. Balderston, L. E. C. Handson (Mr. Lucas); A. H. Carter, G. C. Owsley, T. P. Berry, H. E. C. Fox, T. H. W. Landon, J. Harris (Mr. Golding-Bird).

Assistant Surgeons' Dressers.—Messrs. L. H. McGavin, A. G. Osborn, R. H. J. Swan, F. D. Turner (Mr. Jacobson); V. T. C. Bent, A. G. Capel Davies, T. Morgan, J. F. Robinson (Mr. Symonds); H. N. Collier, H. R. H. Denny, A. Densham, H. A. Gaitskell (Mr. Lane); C. B. Sells, H. Durbridge, H. L. Eason, J. Matthews (Mr. Dunn).

Medical Ward Clerks.— Messrs. G. M. Brown, E. I. Davis, J. N. Dyson, E. J. Tongue, F. W. Brook, A. E. Clarke, W. B. Hope, A. R. McLachlan, D. J. Munro, S. A. Ruzzak, A. Ayre Smith, N. Williams, P. C. P. Ingram, F. Shufflebotham, J. H. Roberts, W. W. Harrison, O. Marriott, W. R. Cazenove, H. M. Reeve, J. G. Taylor, G. T. Brundrett, J. B. C. Brockwell, C. A. D. Bryan, C. Edwards, J. T. M. McDougall, G. N. Meachen, R. W. J. Radley, G. Shorland, W. H. Edwards, H. C. Holden.

Assistant Physicians' Clerks.—Messrs. W. McIlroy, E. W. H. Shenton (Dr. Pitt); H. B. Dismorr, S. A. Ruzzak, F. Shufflebotham (Dr. Shaw); R. O. Jones, C. A. Lower, G. M. Brown (Dr. Washbourn).

Surgical Ward Clerks.—Messrs. E. H. Cragg, M. A. Alabone, W. G. Stewart, P. H. Ward, E. W. Goble, C. E. Hicks, C. T. Hilton, W. B. Secretan, G. S. Simpson, T. J. Wright, R. W. B. Hall, H. M. Hardy, D. P. Watson.

Clerks in the Skin Department.—Messrs. M. C. Hayward, E. E. Parrett, W. J. Lindsay.

Post-mortem Clerks.—Messrs. T. W. S. Browne, J. T. Dunston, W. Mussellwhite (July–August); J. E. H.

Parsons, M. H. Thornely, C. L. G. Chapman (August–September); H. B. Dismorr, H. C. Sturdy (September–October).

Obstetric Ward Clerk.—Mr. W. C. Milward.

Obstetric Out-Patients' Clerks.—Messrs. F. J. H. Martin, W. K. Wills, A. Reid, J. T. Dunston (1st half); E. E. Parrett, W. L. Baker, H. Cardin, E. B. Dowsett (2nd half).

Aural Surgeon's Dressers.—Messrs. H. Davies, W. T. Milton, W. Mussellwhite, J. E. Powell (July–August); H. Leader, J. M. Fortescue-Brickdale, F. S. Batchelor, A. J. Cleveland (September–October).

Dental Surgeons' Dressers.—Messrs. C. L. G. Chapman (July–August); H. W. Bruce (August–September); H. C. Sturdy (September–October).

Assistant Surgeons' Clerks.—Messrs. G. N. Meachen, J. F. Northcott (Mr. Jacobson); E. E. Parrett, A. C. Ambrose (Mr. Symonds); W. L. Baker, L. C. Martin (Mr. Lane); J. E. Powell, A. R. McLachlan (Mr. Dunn).

Clerks in the Electrical Department.—Messrs. J. E. Powell (July–August); F. S. Batchelor (August–September); M. H. Thornely (September–October).

Assistant Demonstrators of Anatomy.—Messrs. P. W. L. Camps, F. Curtis.

Assistant Demonstrator of Biology.—Mr. S. C. H. Bent.

DENTAL APPOINTMENTS.

The following appointments have been recommended by the Dental Council and approved by the House Committee:—

Dental House Surgeons.—Messrs. E. C. Brown, W. Floyd, C. A. Wilson,

Assistant Dental House Surgeons.—Messrs. G. O. Betts, B. J. Sumerling.

Student Demonstrators in the Conservation Room.—Messrs. P. S. Campkin, C. H. Huckle, T. H. Wilkinson.

Dressers in the Gas Room.—Messrs. H. L. Dorrell, D. P. Tracy, B. B. Westlake, J. Harper.

Dressers in the Ordinary Extraction Room.—Messrs. P. S. Campkin, H. H. Evans, C. H. Huckle, G. J. Lewis, E. G. Walton, C. F. Witcomb.

Junior Dressers in the Conservation Room for July.—Messrs. E. C. Bartlett, J. S. Biss, and S. H. Jones.

CIVIL.

DU BUISSON, E. W., M.R.C.S., L.R.C.P. Lond., has been appointed Honorary Surgeon to the Hereford General Infirmary, *vice* R. Thomason, resigned.

MARSHALL, E. W., M.R.C.S., L.R.C.P. Lond., has been appointed Medical Officer for the Sixth District of the Croydon Union, *vice* E. Marshall, M.R.C.S., L.S.A., resigned.

MOORE, W. HODGSON, M.R.C.S., L.R.C.P. Lond., has been appointed Medical Officer for the Workhouse of the Kidderminster Union, *vice* S. Stretton, M.R.C.S. Eng.

ROBERTS, S. J., M.R.C.S. Eng., L.R.C.P., has been appointed Medical Officer for the No. 3 District of the Aston Union.

STEPHENS, L. E. W., M.R.C.S., has been appointed Medical Officer for the Workhouse and for the No. 1 Sanitary District of the Westbourne Union.

Guy's Hospital.

THE following account of Guy's Hospital, from a folio guide to the charities of London in the middle of the last century, gives an interesting and succinct account of the history of our founder and of his foundation. The account is written before any chapel or front square was in existence, and would seem to date from about the year 1740.

THOMAS *Guy*, Esq; Son of *Thomas Guy*, Lighterman and Coal-monger in *Fair-street*, *Horselydown*, in the Parish of St. *Olave Southwark*, was born in the North-east Corner-house of *Pritchard's-alley* (Two Doors East of St. *John's Churchyard*) in the said Street. *Thomas*, the Father, who was an Anabaptist, dying young, left a Widow and Three Children, (the eldest of whom, our Founder, was then but Eight Years of Age) who return'd to *Tamworth*, the Place of her Nativity, in the County of *Stafford*, where she married soon after. However she took care to have her Children carefully educated, and at a proper Age put her Son *Thomas*, Apprentice to *John Clarke*, the younger, (a Binder and Seller of Books in *Mercers-hall* Porch in *Cheapside*) on the 3rd of *September*, *anno* 1660, for the Term of Eight Years. The Time of his Servitude being expir'd, he was admitted a Freeman of the Stationers Company, on the 7th of *October*, *anno* 1668, and of the City, the 14th of the same Month and Year; and on the 6th of *October*, *anno* 1673, receiv'd into the Livery of the said Company.

Mr. *Guy* was no sooner out of his Apprenticeship, than he set up his Trade, in the little Corner-house betwixt *Cornhill* and *Lombard-street*, with a Stock of about Two hundred Pounds. At which Time, the *English* Bibles printed in this Kingdom being very bad, both in the Letter and Paper, occasion'd divers of the Booksellers of this City to encourage the Printing thereof in *Holland*, with curious Types, and fine Paper; and imported vast Numbers of the same, to their no small Advantage. Mr. *Guy*, soon coming acquainted with this profitable Commerce, became a large Dealer therein. But this Trade proving not only very detrimental to the Publick Revenue, but likewise to the King's Printer, all Ways and Means were devis'd to quash the same; which being vigorously put in Execution, the Booksellers, by frequent Seizures and Prosecutions, become so great Sufferers, that they judg'd a farther Pursuit thereof inconsistent with their Interest. Wherefore our Founder contracted with the University of *Oxford*, for their Privilege to print Bibles; and having furnish'd himself with Types from *Holland*, carried on a very great Trade in Bibles for divers Years, to his very great Advantage.

Some time after, *England* being engag'd in an expensive War against *France*, the poor Seamen on board the Royal Navy, for many Years, instead of Money receiv'd Tickets for their Pay; which those necessitous, but very useful Men, were oblig'd to dispose of at Thirty, Forty, and sometimes Fifty in the Hundred Discount. Mr. *Guy*, discovering the Sweets of this Traffick, became an early

Dealer therein, as well as in other Government Securities; by which, and his Trade, he acquir'd a very great Eſtate, inſomuch, that in the Year 1710, when the Debt of the Navy was increas'd to divers Millions, an Act of Parliament was made, to provide for the payment of that and other Sums due from the Government, by erecting the *South Sea Company*; into which the Creditors of Divers Branches of the National Debt were empower'd to ſubſcribe the ſeveral Sums due to them from the Publick: among whom, Mr. *Guy*, being poſſeſs'd of ſuch Securities to the Amount of many Thouſands of Pounds, ſubſcrib'd the ſame into the ſaid *South Sea Company*; for which he and the reſt of the Subſcribers were to receive an annual Intereſt of Six *per Cent.* upon their reſpective Subſcriptions, till the ſame were diſcharg'd by Parliament.

In the Year 1720, the *South Sea Company* propos'd to the Government a Scheme, for redeeming divers of the Publick Debts, by increaſing their Capital; which being approv'd of, it no ſooner receiv'd the Sanction of Parliament, than the National Creditors from all Parts came crowding to ſubſcribe into the ſaid Company the ſeveral Sums due to them from the Government. By which great Run, One hundred Pounds of the Company's Stock, that before was ſold at One hundred and Twenty Pounds, (at which Time Mr. *Guy* was poſſeſs'd of Forty-five thouſand and Five hundred Pounds of the ſaid Stock) gradually aroſe to above One thouſand and Fifty Pounds. Mr. *Guy*, wiſely conſidering, that the great Riſe of the Stock was owing to the iniquitous Management of a Few, prudently began to ſell out his Stock, at about Three hundred, (for that which probably at firſt did not coſt him about Fifty or Sixty Pounds) and continu'd ſelling till it aroſe to about Six hundred, when he diſpos'd of the laſt of his Property in the ſaid Company. Which has occaſion'd thoſe the beſt acquainted with his Affairs to aver, that by the Execution of the pernicious *South Sea* Scheme, Mr. *Guy* got more Money within the Space of Three Months, than what the Erecting, Furniſhing and Endowing his Hoſpital amounted to.

Mr. *Guy*, an old Batchelor, then in the Seventy-ſixth Year of his Age, being poſſeſs'd of a vaſt Eſtate, began to conſider how he ſhould diſpoſe of the ſame; when after divers Ruminations, he determin'd to found an Hoſpital for the Cure of ſick and impotent Persons; to which End he took of the Preſident and Governors of St. *Thomas's* Hoſpital, in *Southwark*, a Leaſe of a Piece of Ground oppoſite the ſaid Hoſpital, for the Term of Nine hundred and Ninety-nine Years, at a Ground-rent of Thirty Pounds *per annum*. This Spot of Ground being cover'd with a Number of ſmall Houſes inhabited by poor People, the ſame were pull'd down in the Year 1721, and the Foundation of the intended Hoſpital laid in the Spring following; the Building whereof was carried on with ſuch Expedition, that the Fabrick was roof'd before the Death of the Founder, which happen'd on the 27th of *December*, 1724, in the 80th Year of his Age.

The only Motive that induc'd Mr. *Guy* to erect his Hospital in that low, cloſe and marſhy Situation, was his Intention of putting it under the Management and Direction of the Governors of that of St. *Thomas*. But altering his Reſolution by the Advice of Friends, he conſtituted the Government thereof independent of all others. But, to his great Regret, 'twas then too late to think of another Site for it, ſeeing the Building was rais'd to the Second Story; however, by its great Elevation above the neighbouring Streets, and the area of its Front, the Situation is render'd very agreeable.

The Charge of erecting and furniſhing this Hoſpital amounted to the Sum of Eighteen thouſand Seven hundred and Ninety-three Pounds Sixteen Shillings and a Penny; and the Sum left to endow the ſame, to Two hundred and Nineteen thouſand Four hundred and Ninety-nine Pounds and Four-pence: Together, 238292 *l.* 16*s.* 5*d.* Beſides, the Founder bequeath'd to the Preſident and Governors of *Chriſt's Hoſpital*, a perpetual Annuity of Four hundred Pounds, for taking into the ſaid Hoſpital Four Children yearly, at the Nomination of the Governors of his Hoſpital. To his poor aged Relations he gave Annuities during Life, to the Amount of Eight hundred and Seventy Pounds; and amongſt his younger Relations and Executors, the Sum of Seventy-five thouſand Five hundred and Eighty-nine Pounds; with the Sum of One Thouſand Pounds, for diſcharging poor Priſoners, within the City of *London* and Counties of *Middleſex* and *Surrey*, who could be releas'd for the Sum of Five Pounds. By which Sum of 1000 *l.* and the good Management of his Executors, there were above Six hundred poor Perſons ſet at liberty, from the ſeveral Priſons within the Bill of Mortality.

The chief Deſign of our Founder, in getting Money, ſeems to have been with a View of employing the ſame in good Works; for beſides the great Things above-mention'd, done by him at his Death, he early in Life, not only generouſly contributed towards the Relief of private Families in Diſtreſs, and other Objects of Commiſeration; but he likewiſe erected an Alms-houſe, with a Library, in *Tamworth* aforeſaid, for the Reception of Fourteen Poor Men and Women; to whom he allow'd certain Penſions during Life, and at his Death, towards their future Support, and the putting out Children Apprentices, *&c.* he bequeath'd a perpetual annual Sum of One hundred and Twenty-five Pounds.

In the Year 1707, Mr. *Guy* built and furniſh'd, at his own Expence, Three Wards, on the North Side of the outer Court of St. *Thomas's* Hoſpital, and gave to the ſame One hundred Pounds *per annum*, for Eleven Years immediately preceding the Foundation of his Hoſpital. And ſome time before his Death, he remov'd the Frontiſpiece of the ſaid Hoſpital of St. *Thomas*, which ſtood over the Gate-way in the Borough, and erected the ſame in the Place where it at preſent ſtands, fronting the Street; and having inlarg'd the Gate-way, rebuilt the Two large Houſes on the Sides thereof, and erected the ſtately Iron Gate between them; all at the Expence of about Three thouſand Pounds. To many of his Relations he gave ſtated Allowances of Ten, or Twenty Pounds *per annum*; and to others, Money to advance

them in the World. So, upon the whole, it may be juſtly ſaid, that he never had his Fellow in this Kingdom, nor perhaps in any other, for ſuch great and extenſive Acts of Benevolence and Charity.

Upon the Death of Mr. *Guy*, his Executors found in his Iron Cheſt One thouſand Guineas, which they imagin'd were put there to defray the Expence of his Funeral; wherefore they caus'd him to be buried in a very pompous Manner; at whoſe Burial there were no leſs than Forty Coaches, with Six Horſes each.

Soon after Mr. *Guy*'s Deceaſe, his Executors, purſuant to his Will, apply'd to Parliament, to get themſelves and Fifty-one other Gentlemen (nominated by the Founder) to be incorporated Governors of his intended Hoſpital; which being the greateſt and moſt noble Foundation that ever was devis'd by a *Britiſh*, or perhaps any other Subject, I ſhall therefore inſert a compendious Abſtract of the Act of Parliament, made in the Eleventh of King *George* the Firſt, *anno* 1725, for incorporating the Governors thereof; wherein the principal Parts of the Founder's Will are recited.

"Whereas *Thomas Guy* of *London*, Eſq; (who caus'd to be erected in the Pariſh of St. *Thomas* in the Borough of *Southwark*, a magnificent Edifice, conſiſting of Two ſpacious Squares, with proper Offices thereunto belonging) dy'd on the 27th Day of *December*, *anno* 1724, having made his Laſt Will and Teſtament, dated the 4th of the preceding Month of *September*; wherein he devis'd the Reſidue of his Eſtate, after the Payment of his Debts, Legacies, and Funeral Charges, (which reſiduary Part, being by his Executors computed at above Two hundred thouſand Pounds) unto Sir *Gregory Page*, Bart. *Charles Joy*, *William Clayton*, *Thomas Hollis*, *John Kenrick*, *John Lade*, *Richard Mead*, *Moſes Raper*, and *John Sprint*, Eſquires; whom he appointed Executors of his ſaid Will and Teſtament, (till an Act of Incorporation could be obtain'd) with a Power to finiſh and furniſh the Structure by him begun for his intended Hoſpital, (out of the Profits ariſing from his Eſtate) for the Reception and Relief of upwards of Four hundred ſick and diſeaſed poor Objects; beſides Twenty Lunaticks, who are to be provided for in a ſeparate Hoſpital; and all of whom are to be provided with proper Diet, and other Neceſſaries, (contributory to the Cure of the unfortunate Patients) during Life, or the diſcretion of his Executors;" whom the Founder, by his ſaid Will, inveſted with a Power of diſcharging, or continuing ſuch ſick and diſtemper'd Perſons in his intended Hoſpital, according to their Diſcretion; and not, as ſome have vainly imagin'd, that he deſign'd his Hoſpital for Incurables: For the obviating of which, Mr. *Guy*, by proper Inſtructions to his Executors, declar'd, that they ſhould in all things, as near as poſſible, regulate his intended Hoſpital according to the Practices of that of St. *Thomas*. "And for the better managing the Affairs of his ſaid intended Hoſpital, and perpetuating the Charity by him deſign'd, He intreated his Executors, immediately after his Death, to endeavour by Letters Patent, or Act of Parliament, to get themſelves, and the Fifty-one Gentlemen, whom he had nominated as Governors, to be conſtituted a Body Politick and Corporate, of perpetual Succeſſion, for the effectual ſettling and applying the reſiduary Part of his Eſtate: And for the good Goverment of the ſaid intended Hoſpital, a Preſident, Treaſurer, and other Officers, as ſhall be deem'd neceſſary, be elected and admitted into ſuch Offices, as to His Majeſty, or the Legiſlature, ſhall ſeem proper; and by ſuch Name, or Names, to have perpetual Succeſſion, and a common Seal, for the neceſſary Affairs of the intended Corporation; with a Power to take and diſpoſe of the reſiduary Part of the ſaid Eſtate, and with the Money ariſing therefrom, to purchaſe Lands, Meſſuages, or other Eſtates of Inheritance, to the like, or the yearly Value, as to His Majeſty, or the Legiſlature, ſhall ſeem convenient; with a Power to ſue implead and anſwer, and to be ſu'd, impleaded and anſwer'd, in any Court of Record, or elſewhere, with ſuch Privileges in Law, as ſhall be thought fit to be granted."

"He further deſir'd, that his Executors and Truſtees ſhould, by an humble Application to his Majeſty, or the Legiſlature, endeavour to obtain, by Letters Patent, or Act of Parliament, that a Committee be appointed of One and Twenty Members of the intended Corporation, for the more immediate Diſpatch of Affairs belonging to the ſame; and that Seven of the ſaid Committee may be annually left out, and the like Number of Members nominated by the Committee to ſupply their Places, be choſen by a general Court of the Governors of his intended Hoſpital: And that by the incorporating Power it be provided, that the Tranſactions of the ſaid Committee be ſubject to the Inſpection and Controul of a general Court of Governors: who, on this and all other Occaſions, are to be ſummon'd by the Preſident, or Treaſurer of ſuch Corporation."

"And the ſaid Teſtator farther declar'd, that his Executors and Truſtees, ſhould, after the Manner aforeſaid, endeavour to obtain, that by ſuch an incorporating Power Sir *Gregory Page*, Bart. be appointed the Firſt Preſident; *Charles Joy*, Eſq; the Firſt Treaſurer; and the other Gentlemen nominated by him (the Founder) the Firſt Committee. And that by the ſaid Power of Incorporation it be granted, that the future Elections of Preſident, Treaſurer, Phyſicians, Surgeons, Clerk, Solicitor and Chaplain, be in the general Court of Governors of the intended Corporation; who ſhall likewiſe have the Right of removing all ſuch Officers at Pleaſure. And, that the Election of an Apothecary, Steward, Butler, Matron, Cook, Siſters, *&c.* be veſted in the Committee aforeſaid."

"And the ſaid Founder farther declar'd, that as ſoon as the ſaid Incorporation could be obtain'd, that his Executors ſhould pay, aſſign, and convey to them all the reſiduary Part of his Eſtate to the Uſe of his Will; and that the Preſident, Treaſurer, Committee and Governors, to be impower'd as aforeſaid, do, with all poſſible Convenience, lay out the reſiduary Part of his personal Eſtate in the Purchaſe of Lands, Meſſuages, or other Eſtates of Inheritance, for a perpetual Proviſion, Maintenance and

Cure of Poor Objects to be entertain'd in the ſaid intended Hoſpital, and all neceſſary Expenſes relating to the ſame."

"And the ſaid Teſtator further declar'd, That if the Profits ariſing from the reſiduary Part of his Eſtate, ſhould amount to more than is ſufficient for maintaining the above-mention'd Number of poor, ſick and impotent Perſons, and other neceſſary Charges about the ſaid intended Hoſpital; then, and in ſuch caſe, the Preſident, Treaſurer, and Governors, are impower'd to diſpoſe of ſuch Surpluſage, for the Relief of ſuch ſick, impotent and poor diſtreſſed Perſons, as they ſhall judge the greateſt Objects of Commiſeration, or to other charitable Uſes, according to their Diſcretion."

"Whereupon it was by Parliament enacted (*nemine contradicente*) That the aforeſaid Nine Executors, and Fifty-one Gentlemen nominated in the Will of the Founder, be a Body Politick and Corporate, by the Name of *The Preſident and Governors of the Hoſpital, founded at the ſole Coſt and Charges of* Thomas Guy, *Eſquire*; and by ſuch Name to have perpetual Succeſſion, and a common Seal, with Power to alter and change the ſame at Diſcretion. And that they and their Succeſſors ſhall have, receive, and poſſeſs the Eſtates real and perſonal of the late *Thomas Guy*, to be veſted in them, for the Purpoſes mention'd in the ſaid Will. And that they and their Succeſſors, by the Name aforeſaid, be capable in Law, by the ſaid real, or perſonal Eſtate, or the Produce thereof, to purchaſe in Perpetuity, or for any Term of Years, any other Eſtate whatſoever, not exceeding Twelve thouſand Pounds *per annum*, above Reprizes; and to ſell, exchange, or leaſe out the ſame, as they ſhall ſee convenient: And by the Name aforeſaid to ſue, implead, and anſwer, and to be ſued, impleaded and answer'd, in any Court of Record, or elſewhere; and to tranſact all Affairs relating to the Premiſes, according to the ſaid Will."

"And it is further enacted, That there be One Preſident, One Treaſurer, and Twenty-one Committees of the ſaid intended Corporation, to conſiſt of the Perſons nominated in the Will of the ſaid Teſtator; who ſhall have the Management of the whole Eſtate deviſ'd by the Founder, and veſted in the Corporation for the Support of his Hoſpital."

"And it is likewiſe enacted, That the Preſident and Treaſurer ſhall continue during their Lives, or until they be reſpectively remov'd by a general Court of the ſaid Corporation, conven'd for that purpoſe by the Preſident, Treaſurer, or Seven of the ſaid Committees, or until they reſign; and in caſe of either, the Vacancy to be ſupply'd by a Member of the Corporation, to be elected at a general Court of the Governors, within Forty Days after ſuch Removal, Reſignation, or Death. But the Committee of One and Twenty to continue only for One Year; Seven whereof being annually to be left out. Seven other Members are to be yearly elected at a general Court, to ſupply their reſpective Places."

"And it is alſo further enacted, That the Preſident, or Treaſurer, with any Seven, or more of the ſaid Committee legally aſſembled, ſhall be deem'd a full Court of Committees; who ſhall have Power, as aforeſaid, to ſell, demiſe, or otherwiſe diſpoſe of, all, or any Part of the above-mention'd Eſtate veſted in the ſaid Corporation; provided that all the Money ariſing by ſuch Sale, or Sales, be forthwith reinveſted in ſome other Purchaſe of Lands of Inheritance for the Uſe of the ſaid Corporation, not exceeding, as aforeſaid, the yearly Rent of Twelve thouſand Pounds, clear of Reprizes."

"And for the more effectual tranſacting the Affairs of the ſaid Corporation, the ſaid Committee are impower'd to chuſe, and at their Pleaſure to remove, all Officers and Servants to be employ'd in the ſaid intended Hoſpital, (other than Phyſicans, Surgeons, Clerk and Chaplain, that are elected by the general Court) and to appoint ſuch Salaries, or other Rewards, for their reſpective Services, as they ſhall judge proper; and to take in ſuch poor, ſick and maim'd Perſons under their Care, as they ſhall judge Objects of Compaſſion; and to make ſuch Proviſion for their Maintenance and Cure, as they ſhall think neceſſary; and to manage and determine all Affairs by themſelves, or their Deputies, as are neceſſary for the carrying on ſo great and good a Work. Provided nevertheleſs, that the Tranſactions and Accounts of the ſaid Preſident, Treaſurer, and Committees, and Perſons deputed by them, be ſubject to the Inſpection and Controul of ſuch Governors, as ſhall by the Laws of the Corporation be appointed for that Purpoſe. And to the Intent, that there never may be wanting a ſufficient Number of Governors, for perpetuating the Succeſſion of the ſaid Corporation, and for ſupplying the ſeveral Places of Preſident, Treaſurer and Committees:"

"It is further enacted, That it ſhall be lawful for a Court of Committees of the ſaid Corporation, from time to time, to chuſe a Perſon, or Perſons, to be Governor, or Governors, for a continual Supply of Vacancies, ſo as the Number of Governors never exceed Sixty. And in caſe it ſhould hereafter happen, that the Number of Governors exceed not Forty; then and in ſuch caſe, it ſhall be lawful for the Lord Chancellor, Lord Keeper, or Commiſſioners of the Great Seal, Lords Chief Juſtices of the King's-Bench and Common Pleas, and Lord Chief Baron of the Exchequer, or any Two of them, at the Requeſt of Five, or more of the Governors, as ſhall make up the Number of Fifty."

"It is alſo further enacted, That it ſhall be lawful for the Preſident and Governors, in a general Court aſſembled, to make By-laws, for the better Government of the ſaid Corporation; ſo that ſuch Ordinances be not repugnant to the Laws of the Kingdom. And that at all general Courts, and thoſe of Committees, the Preſident and Treaſurer for the time being, ſhall not only act and vote as Members of the ſame; but likewiſe, in caſe of an Equality of Votes, the ſaid Preſident, or in his Abſence the Treaſurer, to have the caſting Vote. And it ſhall be lawful for the ſaid Preſident and Governors, to erect a Statue or Statues, and Monument, or Monuments, for perpetuating the Memory of the generous and charitable Actions of the ſaid *Thomas Guy*; provided the Expence

thereof do not exceed the Sum of Two thouſand Pounds. And this by the Authority aforeſaid, is to be deem'd a publick Act, and as ſuch to be obſerv'd in all Courts of Juſtice, and elſewhere, and to be given in Evidence in the Trial of any Cauſe whatſoever, without ſpecial Pleading of the ſame."

This Corporation was no ſooner eſtabliſh'd by Parliament, than the Preſident and Governors ſet heartily about the Work, by finiſhing and furniſhing the Hoſpital, chuſing their Officers and Servants, and taking in Patients; whoſe Number at firſt, to fulfil the Will of the Founder, amounted to Four hundred and Two. And for the more effectual preventing, the inferior Servants of the Hoſpital from preying upon poor Patients, or their Friends, have granted them ſuch conſiderable Salaries, that they can handſomely ſubſiſt upon their Wages, without impoſing upon any Perſon, as will appear by the following Account:

A Liſt of the Officers and Servants belonging to Guy's *Hoſpital, with an Account of their reſpective Salaries and Wages.*

Per Annum	*l.*	*s.*	*d.*
To the Treaſurer	00	0	0
To the Clerk	40	0	0
To the Steward	80	0	0
To the Chaplain	80	0	0
To Two Phyſicians, 40 *l.* each	80	0	0
To Two Surgeons, 40 *l.* each	80	0	0
To the Apothecary	80	0	0
To the Surgery Man	30	0	0
To the Apothecary's Two Servants	78	0	0
To the Butler, with his Horſe	67	2	8
To the Cook, and her Servant	32	0	0
To the Porter	35	0	0
To the Beadle	30	0	0
To the Matron	50	0	0
To Eleven Siſters, 25 *l.* each	275	0	0
To Eight Nurſes, 16 *l.* each	128	0	0
To Twelve Watch-women, 10 *l.* 8*s.* each	124	16	0
To One Brother, belonging to the Lunaticks	35	0	0
To One Siſter, belonging to ditto	25	0	0
Sum Total	1349	18	8

And to ſhew the great Advantage reſulting to the Publick from this Hoſpital, I ſhall ſubjoin a Septenary Account of the ſick and impotent Perſons, that have been admitted, diſcharg'd, dy'd and remain'd in the ſaid Hoſpital during that Space of Time:

A Septenary Account of Guy's Hoſpital.

Years.	Admitted.	Diſcharg.	Buried.	Remain'd.
1728	1544	1276	204	410
1729	1884	1572	274	403
1730	1751	1514	214	398
1731	1714	1506	210	401
1732	1800	1468	269	417
1733	1954	1683	256	417
1734	1755	1524	257	384
N. Tot.	12402	10543	1684	2830

The Number of Patients in this Hoſpital on 27th of *July, anno* 1738, amounted to Four hundred and Six; that of the Out-Patients, to Sixteen; and the Sum Total diſburs'd on account of the Houſe in the Year 1737, to Seven thouſand Nine hundred and Seventy-eight Pounds Fourteen Shillings and One Penny.

To this Hoſpital, as aforeſaid, belong Sixty Governors; who chuſe the ſeveral Officers and Servants above-ſpecified. To which I ſhall add, that the Houſe contains Twelve Wards, and Four hundred and Thirty-five Beds.

A Chapel, divers Houſes and Offices being ſtill wanting for the Uſe of this Hoſpital, the Governors have lately taken a Leaſe of an additional Spot of Ground, whereon to erect a Square; for which, with the former, they annually pay to St. *Thomas's* Hoſpital the Sum of Ninety Pounds.

As by what has been ſaid it appears, that Mr. *Guy* was a Man of an unbounded Charity, and univerſal Benevolence; ſo he was likewiſe a great Patron of Liberty, and the Rights of his Fellow-subjects; which, to his great Honour, he ſtrenuously aſſerted in divers Parliaments, whereof he was a Member, and a repreſentative for the Borough of *Tamworth* in *Staffordſhire*. To which Corporation (beſides his erecting the above-mention'd Alms-houſe and Library) he was a generous Benefactor. However, by a ſtrange Infatuation, the Inhabitants ſuffered themſelves to be cajol'd into the Election of another Repreſentative. But ſoon becoming ſenſible of their Ingratitude, and ungenerous Treatment of their beſt Friend, ſent a Deputation to beg pardon for their paſt Offence, and to intreat him to permit them to re-chuſe him at the enſuing Election, to represent them in Parliament. This Offer he juſtly rejected; and never after appear'd in Parliament by reaſon of his great Age.

Examination Papers.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Diploma of Fellow.—First Examination.

Anatomy.—Three hours. At least three of the four questions must be answered.—1. Describe the pubic portion of the innominate bone in the male and female, together with its development. State what part it plays in the mechanism of the pelvis. 2. Describe the relations of the structures which lie between the skin and the deep fascia in the lower extremity. 3. Give the topographical anatomy of the liver. Write an account of its development. 4. Write an account of the origin, course, distribution, and anastomoses of the superior intercostal vessels.

Physiology.—Three hours. At least three of the four questions must be answered. 1. Describe the structure and functions of the semicircular canals in a bird or mammal, giving the experimental evidence on which your statements are based. 2. Describe the structure and action of the mitral and aortic valves. Give the exact relations of the heart-sounds to the other events in

the cardiac cycle, and state the experiments by means of which this relationship has been established. 3. What experimental evidence is there that the chief oxydative changes of the body occur in the tissues? 4. Describe the minute structure of a sympathetic nerve-ganglion. What experimental methods have been used to determine the relations of the nerve-fibres to the nerve-cells in, *e.g.*, the superior cervical sympathetic ganglion?

SECOND EXAMINATION.

Pathology, Therapeutics and Surgery.—Four hours.—All four questions must be answered. 1. You are called to a man who had become insensible after a recent fall upon the head. Describe the investigation you would make in order to decide whether any operation is advisable; and if an operation be decided upon, give its nature and locality. 2. Give the diagnostic characters of the malignant tumours of the lower jaw. 3. Give the diagnosis and treatment of a traumatic rupture of the intestine. 4. Give the varieties, symptoms, and treatment of subastragaloid dislocation.

Sport.

Cricket.

GUY'S v. ST. MARY'S.

CUP TIE.

Played at Honor Oak Park on Friday, June 18th. Guy's won the toss and decided to bat on a wet wicket. The first five wickets fell for 61 runs, but then Nicholls and Hughes made a good stand and carried the score to 124, at which total both were out, Nicholls having played a splendid innings of 51, while Hughes played a very useful innings of 18. The last three wickets added 37 runs, Joy hitting hard for 29 (not out), and the total reached 161. Mary's started very badly indeed, losing the first seven wickets for 25 runs, but then Wilbraham and Murray hit well and added 50 runs for the next wicket. The last three wickets only added 10 runs, and the full total was 86. In the follow on, Mary's lost five wickets for 79. Scores:—

GUY'S.

A. E. Clarke, b Page	18
F. C. Wetherell, run out	3
K. B. Alexander, c Murray, b Wingate	13
F. J. Nicholls, b Page	51
H. Durbridge, b Page	2
L. Humphry, b Vaughan	16
A. Hughes, lbw Wingate	18
G. P. Joy, not out	29
F. D. S. Jackson, b Wingate	2
E. G. Goddard, run out	0
C. Cowper, b Wingate	5
Extras	4
Total	161

ST. MARY'S.

	1st Innings.		2nd Innings.
R. R. Cruise, c Humphry, b Clarke	4	b Hughes	5
H. R. Hobbs, b Joy	0	b Clarke	14
J. F. Skrimshire, b Clarke	13	not out	11
W. F. H. Vaughan, run out	0		
H. Walton, b Clarke	5	not out	4
H. C. Baker, c&b Clarke	0	b Nicholls	28
M. S. Brown, b Clarke	0		
Hon. R. B. Wilbraham, c Alexander, b Goddard	34		
N. W. Murray, b Nicholls	20		
W. S. Page, not out	8	c Humphry, b Wetherell	15
B. F. Windgate, run out	0	b Wetherell	1
Extras	2		1
Total	86	For 5 wickets	79

EASTBOURNE v. GUY'S HOSPITAL.

From the *Sportsman*, Wednesday, June 23rd, 1897.

Guy's Hospital, playing on the Saffrons, at Eastbourne, on Saturday, June 19th, obtained a substantial victory over the local club. For the visitors F. J. Nicholls, who succeeded K. B. Alexander when the total was 20, carried his bat out for an individual score of 64, including seven 4's. With L. Humphry, whose score of 56 included ten 4's, the score was taken from 47 to 116, and the innings terminated shortly before half-past three for 230. Wells, for the home side, secured eight wickets for 89 runs. Eastbourne adopted cautious tactics, but were unable to save the game, being finally disposed of for 114 at six o'clock, well within time. Clarke's five wickets cost 37 runs, while Cowper was credited with two for 13 runs Scores:—

GUY'S HOSPITAL.

A. E. Clarke, b Wells	44
K. B. Alexander, b Wells	2
F. J. Nicholls, not out	64
B. Thomas, b Wells	0
L. Humphry, b Wells	56
G. P. Joy, b Wells	19
H. Durbridge, b Wells	12
E. G. Goddard, b Wells	14
F. R. Featherstone, b Wells	4
F. D. S. Jackson, c Brown, b Wheeler	6
C. Cowper, b Pryde	0
Extras	9
Total	230

EASTBOURNE.

J. Brown, b Joy	15
H. Bryan, c Nicholls, b Joy	32
S. Beckley, c Joy, b Clarke	2
P. Coles, c Jackson, b Nicholls	20
F. B. May, c Cowper, b Clarke	21
P. Wells, b Cowper	4
M. H. Stanbrough, c Joy, b Clarke	4
V. Brown, b Clarke	0
F. Johnstone, not out	4
D. Pryde, b Clarke	0
Wheeler, b Cowper	7
Extras	5
Total	114

GUY'S v. HORNSEY.

Played at Honor Oak Park on Saturday, June 26th, 1897. Guy's won the toss, and decided to bat first.

Alexander and Clarke made a long stand for the first wicket, and the score had reached 163 when Alexander was bowled for a splendid innings of 90. Afterwards Wetherell, Hughes, Brydone and Humphry all scored freely, and the score eventually reached 273.

Hornsey started in a very similar manner, and put on 119 for the first wicket, when Crump was bowled by Hughes for a useful 32. Nicholls, who had played a splendid innings of 71, was taken in the slips off the same bowler's next over, and then a rot set in, and, with the exception of Collet and J. Nicholls, none of the other batsmen got into double figures, and the innings closed for 175. Scores:—

GUY'S.

K. B. Alexander, b Dent	90
A. E. Clarke, c Collet, b Davis	76
J. M. Brydone, c Crump, b Davis	16
L. Humphry, c Dent, b R. W. Nicholls	15
A. Hughes, c J. Nicholls, b R. W. Nicholls	18
F. C. Wetherell, b Davis	32
M. C. Wetherell, c Orton, b Sloper	7
F. D. S. Jackson, c & b Dent	6
T. Morgan, c Collingridge, b Dent	3
E. G. Goddard, run out	4
C. Cowper, not out	0
Extras	6
Total	273

HORNSEY.

R. W. Nicholls, c Goddard, b Hughes	71
D. Crump, b Hughes	32
J. Nicholls, c Wetherell b Clarke	11
F. B. Dent, c Humphry, b Hughes	1
W. H. Davis, run out	3
L. Orton, b Clarke	3
F. H. Swinstead, c Jackson, b Cowper	9
H. Collet, not out	23
H. Collingridge, b Cowper	0
T. W. Sloper, run out	5
E. F. King, c Clarke, b Goddard	0
Extras	18
Total	175

GUY'S 2ND XI. v. ST. MARY'S 2ND XI.

Played at Honor Oak Park on June 30th. Mary's won the toss, but were easily got rid of for 101; Goddard taking five wickets at a small cost. Guy's passed their total with only three men out, but the rest did little, the innings closing for 154. Wetherell batted finely, and had hard lines in not reaching the century. Scores:—

ST. MARY'S.

L. Dodd, run out	7
B. Birch, c Goddard, b Humphry	10
A. R. Pilkington, b Goddard	10
F. Gribbell, st Humphry, b Cohen	11
G. Alleyne, b Goddard	6
C. Wiggins, b Goddard	7
W. Harriss, not out	21
A. Bennett, c & b Cohen	6
E. Webster, b Cohen	0
P. Mottay, b Goddard	5
F. Gover, c Kinsey-Morgan, b Goddard	0
Extras	18
Total	101

GUY'S.

E. Cohen, b Birch	6
F. C. Wetherell, b Gover	96
E. G. Goddard, b Harriss	28
T. Morgan, c Alleyne, b Harriss	4
H. Barrow, c Pilkington, b Dodd	2
C. Cowper, c Gover, b Dodd	0
J. Harris, b Dodd	2
A. Kinsey-Morgan, b Dodd	0
G. Shorland, b Dodd	2
A. A. Smith, not out	8
L. Humphry, b Dodd	0
Extras	6
Total	154

From the Gazette's Special Pathologist.

NOTICES.

J. H. E., EASTBOURNE.—After incubation on blood-serum, the resulting growth consisted of staphylococci and streptococci. No Klebs-Löffler bacilli could be detected.

C. T. B. M., MANCHESTER.—The growth is composed of fibrous tissue, traversed by many vessels. There are also signs of inflammatory change beneath the mucous membrane, but no evidence of malignant growth.

T. D. M., HODDESDON.—This specimen was so dried up by the glycerine in which it was sent, that no satisfactory examination was possible. It appeared to consist of dense fibrous tissue and blood-clot.

G. S., GIBRALTAR.—This is an inflammatory formation, composed of young fibrous tissue with large areas of blurred or caseous material. It is probably gummatous in origin, and may have been started by the accident mentioned.

PATHOLOGIST.

Key to Case for Diagnosis on page 522.

Dr. Perry diagnosed primary subperiosteal sarcoma of ilium with secondary deposits in liver, left humerus, and glands.

Births.

MAISEY.—On June 12th, at 137, Cheetham Hill Road, Manchester, the wife of C. L. B. Maisey, M.R.C.S., L.R.C.P. Lond., of a daughter.

SALTER.—On June 19th, at St. Nicholas' Parade, Scarborough, the wife of Charles E. Salter, of a son.

SKINNER.—On June 15th, at Bank House, Rye, the wife of Ernest W. Skinner, M.D., C.M. Edin., of a son (still-born).

Deaths.

LEWIS.—On the 19th June, at West Malling, Charles Lewis, M.R.C.S., L.S.A., formerly of Sandgate Road, Folkestone, in his fifty-first year.

RAMSKILL.—On June 22nd, at St. Helen's Place, E.C., London, Jabez Spence Ramskill, M.D., M.R.C.P.

ED.—F. E. F.

Calendar of Coming Events.

July.

Sat. 17.—Mr. Lucas's take-in; Ds. J. E. Dupigny and J. Howells; Cl. H. T. Hicks.
G. H. C. C.—I. Brentwood, Brentwood.
II. St. Bart.'s II., Winchmore Hill.
U. H. A. C. ... L. A. C. at Stamford Bridge.
Hos.-Sch. C. C. Dulwich Melbourne, Dulwich Park.
G. H. B. C. ... Stanstead St. Margaret's, Waltham Cross.
G. H. L. T. C. Mr. Basil Brown's Team, home.

Mon. 19.—Preliminary Scientific Lond. Exam. begins.
11 a.m., G. H. C. C.—(Cup-tie, semi-final) v. Middlesex, at Winchmore Hill.

Tues. 20.—Exam. in Dental Mechanics, 2 to 5 p.m.
8 p.m., Missionary Society, Rev. R. Spurgeon, of Barisal, India, in the Board Room.

Wed. 21.—Prize Competition for 2nd Years' Students begins.
11.30 a.m., G. H. C. C. v St. German's C. C. at Honor Oak Park, in aid of Guy's Hospital.
No Clinical Lecture.
Mr. Golding-Bird's take-in; Ds. K. B. Alexander and J. A. Glover; Cl. F. A. Godson.

Thur. 22.—Exam. in Operative Dental Surgery, 2 to 5 p.m.
G. H. C. U. .. Two Addresses by Members.

Fri. 23.—G. H. S. C. ... Richmond S. C., Richmond.
1.30, Clinical Lecture by Mr. Dunn.

Sat. 24.—Lectures cease.
G. H. L. T. C. ... Weighton, home.
G. H. B. C. ... Horley, Brixton Church.
Hos.-Sch. C. C. Caterham Star, Ivy.

Mon. 26.—Second part of Exam. for Junior and Senior Prizes for General Proficiency begins.

Tues. 27.—G. H. S. C. ... Ealing S. C., Southwark
First Conjoint Exam. begins.

Wed. 28.—Mr. Howse's take-in; Ds. H. S. Turner and J. E. H. Parsons; Cl. H. Way.
G. H. C. C. v. St. German's C. C., home, gate for the hospital funds.
1.30, Deferred Clinical Lecture by Dr. Hale-White.

Sat. 31.—G. H. B. C. ... Rochester, "Marquis of Granby."
Hos.-Sch. C. C. Corpus Christi Mission, Lindon Field.
G. H. L. T. C. ... Boundaries, away.
Brixton Wanderers II., home

Papers by Guy's Men.

On the Treatment of Simple Fractures by Operation. By W. Arbuthnot Lane, M.S. Lond. *Clinical Journal*, 7th July.

On Tumours and Enlargement of the Thyroid Glands, treated Surgically. By F. L. Paul, F.R.C.S. Eng. *British Medical Journal*, 3rd July. Mr. Paul also contributes, "A Second Series of Fourteen Cases of Excision of the Rectum," to the *Lancet*, 10th July.

The Croonian Lectures on the Means by which the Temperature of the Body is Maintained in Health and Disease, by W. Hale White, M.D., F.R.C.P. Lond., are concluded in the *Lancet* of 10th July.

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Guy's Hospital Gazette,

JULY 17, 1897.

On the Treatment of Inguinal Hernia.

By W. ARBUTHNOT LANE, M.S.

Gentlemen,—If we hope to arrive at scientific methods of treatment of this condition we must consider the anatomy and physiology of the part, and the manner in which a hernia is produced.

By inguinal hernia is meant the escape from the abdominal cavity of some of its contents into or through the inguinal canal.

The arrangement of the inguinal canal is such that the cord passes out from the abdomen obliquely, its points of entry and exit being spoken of as the internal and external abdominal rings respectively. In the interval the cord lies between opposing layers of muscle and tendon, which constitute the abdominal wall.

It is the obliquity of this channel of exit of the cord from the abdomen that ensures the security of the wall. Even in infancy, when the peritoneal cavity is in direct communication with the tunica vaginalis, such sudden increase in intra-abdominal tension as occurs in the normal abdomen from crying, etc., acting at right angles upon the inner aspect of the abdominal wall, forces the planes of muscle into apposition, and prevents the intrusion of the viscera along the track of the cord. If,

however, the intra-abdominal tension be increased very greatly, the muscles forming the wall are stretched and over-strained, and cease to perform their function normally.

Owing to a diminution of tonic contraction in the muscles, the alteration in the form of the abdomen consequent on the stretching of the several components of its wall, and the continued presence of an excessive intra-abdominal tension, the obliquity of the canal is diminished, and the contents of the abdomen are forced along it.

I would refer to a short paper on "The Causation and Treatment of Hydrocele and Hernia in Young Infants," which was communicated to the Section of Diseases of Children at the Annual Meeting of the British Medical Association held in Newcastle-on-Tyne in August, 1893, since in it was described, I believe for the first time, the manner in which hernia and hydrocele are produced in infancy by the increase in intra-abdominal tension produced by flatulence and indigestion, the irritation of the intestine causing a variable amount of peritoneal effusion. The latter percolating through the processus vaginalis, produces the hydrocele of young life with which we are so familiar, and which the surgeon imagines he can treat by what he calls discutient lotions applied to the scrotum, and by aspirating the contents for the time being of the tunica vaginalis. Of course, this treatment is based on no principle whatever.

The presence of such fluid in the peritoneal cavity of young children suffering from hydrocele can be readily detected by placing the child in the erect posture, when it may be sufficiently abundant to give very deficient resonance, if not dulness, in the lower part of the abdomen. By carefully tapping with the finger or spatula a distinct thrill can usually be detected in the lower portion of the abdomen. In attempting to obtain a thrill through fluid you must remember that the facility with which this is detected varies inversely with the degree of tension of the fluid. This you can prove at once by means of one of the large hydroceles that abound in our out-patient rooms. Choose a loose one, and holding it lightly in the left hand, tap the mass lightly with a penholder. The thrill transmitted by the fluid is felt most distinctly by the hand grasping it. Constrict the upper limit of the hydrocele by means of a bandage, so as to gradually increase the tension in the sac, when you will find that the thrill becomes less and less obvious till it cannot be obtained at all; or you may demonstrate the same on a rubber bag under varying conditions of distension with water.

I mention this, as when showing this thrill in a subject standing erect, and in such a position that the abdominal wall is as lax as possible, I have been met by the statement that the thrill is not that of fluid, but is a movement transmitted along the abdominal wall, and this objection has been supported by the fact that a book or bed-card placed vertically and driven into the abdomen in the middle line reduces its distinctness. This it certainly does, and you will find that the loss of distinctness will vary directly with the increase in intra-abdominal tension which results from the pressure exerted. To put such a child on its back and to attempt to obtain an indication of the presence of fluid in the abdomen by percussion or by a thrill will very rarely afford any result; since the amount of fluid is usually small, and in this posture is distributed over a very much larger area.

In some cases of hydrocele, when the processus vaginalis is large, the fluid in the hydrocele may be diminished gradually in quantity as the child is brought slowly from the vertical to the horizontal posture, and the reverse is true in bringing the child from the horizontal to the erect posture. As a matter of fact, I have verified these conditions on the operating table, and it was from such observations that I arrived at the conclusions contained in the paper just referred to.

It seems to me that in the examination of the abdomen, we are not sufficiently familiar with the advantages to be gained by examining patients in various positions, and that we confine ourselves almost entirely to the supine. For instance, I might mention that method suggested by one of our late surgical registrars, Dr. Alfred Parkin. He found out that in the easy sedentary position, the abdominal wall being thoroughly relaxed, owing to the descent of the anterior part of the liver for a considerable distance, it is possible to feel its edge, its under surface as far back as the transverse fissure, and any coarse lesion of the gall-bladder and bile-ducts, together with a larger area of the upper surface of the liver than in the recumbent posture.

It would be difficult to exaggerate the advantages which are sometimes gained by the use of this posture. But at the same time, while in a loose flaccid abdomen one's fingers quickly become thoroughly accustomed to the feel of the liver, gall-bladder, &c., in a fat tense abdomen one may spend a good deal of time in

acquiring very little information. It is well to bear in mind that if you do not succeed in feeling as much as you would like on your first attempt, half an hour spent in familiarising yourself with the feel of the several parts will probably enable you to do so.

Returning to our subject. In infancy, as in adult life, the presence of a quantity of fluid in the tunica vaginalis assists in bringing about the escape of bowel and omentum from the abdomen by the strain exerted by its weight through the cord upon the outer limit of the posterior wall of the canal, namely, upon the conjoined tendon; the obliquity of the canal upon which its security depends is lessened and the internal ring is approximated to and finally brought immediately behind the external abdominal ring. This is also increased by the pressure exerted by bowel or omentum in an existing hernia.

While the track is yet oblique, the pressure exerted by a truss on the inguinal canal forces its walls together, and, assisted by the intra-abdominal pressure, prevents their separation by bowel; a very moderate amount of pressure upon the outer wall of the canal seems to effect this, providing its posterior wall is normal.

When the internal ring is so placed as to lie immediately behind the external, the difficulty of retaining the intra-abdominal contents is tremendous, since it is only by the pressure of the pad upon a bung-hole orifice that they can be prevented from escaping. Movement of the pad in any direction freeing a portion of the aperture from considerable pressure allows of the escape of bowel, etc., from beneath the margin of the pad of the truss. The amount of pressure which is requisite to close this orifice is often so great as to become unendurable.

It also depreciates still further the mechanical disabilities of the patient, in that it increases the size of the aperture and so adds to the difficulty of preventing the escape of bowel or omentum. Between the extremes of a canal of almost normal obliquity and that in which all obliquity has been lost there is, of course, every intermediate variety. It is therefore necessary that our treatment of cases of inguinal hernia shall vary with the particular mechanical conditions present.

The general feeling of the present day in the face of the comparative safety of surgical interference, even when in the hands of an operator possessed of little skill and less cleanliness, has tempted surgeons to resort very readily to such active measures as are comprised under the comprehensive term "radical cure."

This may mean almost anything, and I will not attempt to define it, nor describe to you the innumerable methods and modifications of methods that have been devised to meet the difficulty.

Very often some endeavour is made to improve on nature, and almost always the operation is regarded as producing a mechanical condition of such a character as to render it impossible for the contents of the abdomen to escape again in the same situation, although it continues to be exposed to the same factors that determine the formation of a hernia in the first instance.

I have read a great many accounts of the success of various operations, and of the ability of the patient to discard the use of a truss after operations. I have also performed for many years the duties of surgeon to the National Truss Society, and I have seen a large number of patients who have been operated on and in whom a hernia has again formed. In our technical language such are described as "relapses."

I have asked these patients why they had not returned to the surgeons who had operated on them, if only for the reason of helping them to correct their statistics, and have been invariably met by an answer to the effect that they did not intend to be cut about any more. Many asserted that the operation has not only not done them much good, but harm.

I am not venturing to criticise any particular operation, but it seems to me unreasonable to expect that, however skilful the operator, he can produce in the working man a mechanical condition better than the normal.

This canal was presumably normal before the hernia developed, and even if rendered as good as it was before it yielded, if exposed unaided to the same forces it is likely to give way again.

Certainly my experience of the patients of this Society impressed me with the idea that it is not wise to rely too much on statistics, however carefully they have been prepared, and however conscientious the compiler may be.

The principle that has guided me in operating on cases of inguinal hernia is to restore the mechanics of the canal as far as possible to the normal. To do this it is necessary to fully expose the cord by splitting up the outer boundary of the canal, namely, the aponeurosis of the external oblique along the length of its fibres. The cord is drawn outwards, and the conjoined tendon exposed and defined. Its free margin is stitched to Poupart's ligament so as to constitute again the posterior boundary of the canal. The neck of the sac is ligatured, and the sac removed. To utilise the sac as a plug is

based upon the false assumption that this structure retains its character after the factors which determined its form, etc., have ceased to exist. The incision in the external oblique is closed, and if necessary any slack taken in.

The patient is kept absolutely at rest in the recumbent posture for five or six weeks in order to allow the sewn parts to unite firmly, every precaution being taken to avoid the exercise of tension upon them.

All that I calculate on is that I put back the hands of the clock as regards the hernia, restoring the anatomy and mechanics of the part as far as possible to the normal; so that if the patient is of necessity exposed to the same forces that originally developed a hernia, he is ordered to wear a suitable truss as a precautionary measure.

We are sometimes inclined to forget that the human frame is only adapted to perform a combination of movements of activity and rest without undergoing change. Any deviation from this, results, as I have shown, in a definite alteration of the anatomy of the part, whether it be the constant assumption of a resting posture resulting in its fixation and exaggeration, as in the feeble young subject, or the constant assumption of a posture or sequence of postures of activity resulting in their fixation and exaggeration, as in the powerful coal-heaver and coal-trimmer. In other words, the anatomy of a subject deviates from the normal in proportion as its physiology or mechanics are varied or specialised. In many occupations the abdominal wall, especially the inguinal canals, are exposed to a greater strain than they unaided are able to bear, and hernia is commonly produced. With such labourers it is wise to apply a suitable truss on the earliest indication of the intra-abdominal pressure being excessive.

In advanced life, when there is only a single aperture in the abdominal wall, the tissues are much stretched and wasted, and the hernia is large and a hydrocele possibly present, I prefer to remove the testis together with the sac, to sew up the aperture in the wall, and perform the only operation for inguinal hernia to which the term "radical" can be applied with any accuracy. I have found this procedure give the greatest satisfaction to the patient.

Returning to the infant and young child, we recognise that the most important factor in the treatment of the case is to reduce the intra-abdominal tension to normal by feeding the child at regular and suitable intervals. In many cases the hernia ceases to appear when this is effected.

If the child is old enough to wear a washable truss it should be worn constantly, and when removed for purposes of cleanliness the child should be kept on its back, and firm pressure exerted on the part in order to prevent the entry of bowel or even of peritoneal fluid into the sac.

The processus vaginalis being deprived of the pressure exerted upon it by the intrusion through it of bowel, omentum, or peritoneal fluid, undergoes its normal contraction and obliteration, which have been delayed by the presence of an abnormal force, and the hernia ceases to exist.

If, however, the posterior wall of the canal has been much displaced, and the abdominal wall is very lax, an operation similar to that in the adult must be performed.

In cases where there is no displacement of the posterior wall, but in which a truss for some reason cannot be worn, the canal may be split up, and a ligature put round the neck of the sac at the internal ring, telescoping in this way the more tedious and uncertain treatment by pressure. This applies chiefly to the treatment of the children of the poor, or of those who must enter a service, as the naval, at an early age.

There is a general consensus of opinion that while in the young subject it is possible to cure an inguinal hernia by the pressure of a truss, in the adult all that can be done by a truss is to prevent the entry of viscera into or their passage through the canal. So much so is this the case that the patient is directed to remove the truss on going to bed, and to replace it before assuming the erect posture.

As I have already told you, except in old-standing cases in which the aperture in the abdominal wall is a single one, the pad of the truss pressing backwards, inwards, and upwards, tends to increase or re-establish obliquity of the track occupied by the cord.

By means of a well-fitting truss worn continuously, it is often possible to prevent the entry of any structure into the neck of the hernial sac, and consequently to deprive its peritoneal surface of the pressure which determined its existence, and without the continued action of which it shrinks up and ceases to exist. It is upon the possibly unconscious knowledge of this, that many irregular practitioners trade. They apply a truss that will effectually retain the contents of the abdomen, and they insist on the truss being worn continuously for a sufficiently long period of time to allow of this shrinkage taking place, because of loss of function. The difficulty the surgeon experiences

is in getting the patient properly and accurately fitted with a truss, since the work is of the most difficult character, and has to be done by some one other than himself. I have known large hernial protusions of considerable standing disappear, and the inguinal canal restored to its normal function, by this mode of treatment.

The case requires treatment other than local, and the special factors that determine the formation of the hernia must be recognised. For instance, cough, constipation, excessive fat, flatulence, stricture, piles, strain from occupation, etc., must, if present, be treated.

Hospital News.

CLASSIFIED LIST OF CASES.

In the Medical Wards.

Circulatory System.

MARY	11.	Pulmonary regurgitation. Ulcerative endocarditis treated by injections of antistreptococcin.
	14.	Aortic stenosis. Mitral regurgitation. Enlarged liver.
	30.	Mitral stenosis and regurgitation.
PHILIP	1.	Hypertrophied and dilated heart. Hæmaturia.
	8.	? Aneurysm.
	12.	Hypertrophied and dilated heart. Aortic disease.
	21.	Mitral stenosis and regurgitation. Thickened pleura.
	23.	Aortic stenosis and regurgitation. Mitral regurgitation.
	36.	Mitral regurgitation.
STEPHEN	2.	Aneurysm of first part of aorta. Aortic regurgitation.
	7.	Aortic disease.
	28.	Pericarditis. Dysphagia.

Nervous System.

MARY	1.	Paralysis of right arm, following trephining and removal of a cortical tumour.
	9.	Chorea.
	23.	Neuritis. Plumbism.
	25.	Hysteria.
	28.	Infantile paralysis.
	42.	Anorexia nervosa.
PHILIP	6.	Paralysis right arm and leg, following injury to head and trephining.
	24.	Sciatica.
STEPHEN	15.	Chronic myelitis.
	22.	Amyotrophic lateral sclerosis.
	37.	Epilepsy.

Alimentary System and Abdomen.

MARY	8.	Ascites. Enlarged liver and spleen. Congenital syphilis.
	10.	? Gall stones.
	16, 32.	Gastric ulcer.
	18.	Ascites. Malignant disease.
	22.	Typhoid fever.
	35.	Chronic colitis.
PHILIP	13.	Epitheliomatous stricture of œsophagus.
	17, 30.	Hæmatemesis. Gastric ulcer.
	18.	Dilated stomach.
	25.	Carcinoma of rectum and liver.
	32.	? Typhoid.
	33, 34.	Tuberculous peritonitis.
STEPHEN	3.	Ascites. Bronchitis.
	27.	Appendicitis.

Genito-Urinary System.

MARY	3.	Chronic interstitial nephritis. Hypertrophied and dilated heart, etc.
	29.	Acute nephritis.
	39.	Chronic nephritis. Gout.
PHILIP	7.	Chronic tubal nephritis.
	16.	Post scarlatinal nephritis.
	20.	Chronic nephritis.
	26.	? Vesical calculus.
	27.	Diabetes mellitus.
	31.	Tubal nephritis.
	40.	Acute tubal nephritis.
STEPHEN	6.	Diabetes mellitus.
	19.	Chronic tubal nephritis.

Respiratory System.

MARY	12.	Phthisis.
	26.	Bronchopneumonia.
	27.	Bronchopneumonia. ? Tuberculous.
PHILIP	3.	Bronchitis.
	35.	Phthisis.
STEPHEN	1.	Phthisis.
	10.	Hæmoptysis.
	12.	Pleuritic effusion.
	25.	Pleurisy with effusion.

Miscellaneous.

MARY	5.	Syphilitic periostitis.
	16.	Acute rheumatism.
	33.	Syphilis.
	37.	Plumbism.
	43.	Thrombosis of popliteal vein.
PHILIP	4, 28.	Acute rheumatism.
	10.	Gout. Cellulitis.
	15.	Purpura.
	19.	Hodgkin's disease.
	22.	Osteo-arthritis. Enlarged glands, liver and spleen. Mitral regurgitation. Ulcer of tongue.
	39.	Osteo-arthritis.
STEPHEN	3.	Polyarthritis. Pyrexia. Erythema.
	17.	Plumbism.
	29.	Purpura.

In the Surgical Wards.

Cases under Mr. Howse.

Naaman	2, 7, 9, 14, 15, 18.	Varicocele.
Charity	19.	Tuberculous ankle-joint.
	Cot.	Scald of larynx. Tracheotomy.

Cases under Mr. Davies-Colley.

Cornelius	3.	Fractured ilium.
	6.	Fractured ribs. Emphysema. Hyperæsthesia.
	7.	Fractured ribs.
	10, 18.	Fractured femur.
Lydia	1.	Tuberculous tarsus.
	4.	Strangulated umbilical hernia.
	9.	Chronic osteitis upper end of tibia.
	18	Adenoma mammæ.
	21.	Sarcoma of vault of skull.
Luke	2.	Epitheliomatous gland in neck. ? Renal calculus.
	8, 11.	Malignant growth of prostate.
	14.	Old unreduced dislocation of shoulder.
	15.	Epithelioma of inside of cheek.

Cases under Mr. Lucas.

Accident	2.	Fractured tibia.
	25.	Large extravasation of blood in thigh. Circulation impeded.
	31.	Compound fracture of tibia and fibula.
Lydia	Cot.	Rachitis. Bowed tibiæ.
Job	6.	Spinal caries. Iliac abscess.
	8.	Fistula in ano.
	10.	Cleft palate.
	17.	Reducible inguinal hernia.
	18.	Epithelioma of penis.
	24.	Tuberculous periostitis of ribs.

Cases under Mr. Golding-Bird.

Martha	1.	Tuberculous glands in neck.
	5.	Appendicitis.
	7.	Fractured femur.
	9.	Scirrhus mammæ.
	18.	? Hysterical hip-joint.
Lazarus	4.	Necrosis of jaw.
	9.	Hip disease.
	15.	Cleft palate.

Aphorisms of Hippocrates.

III.

The following complaints occur in infancy: aphthæ, vomiting, coughs, sleeplessness, frights, inflammation of the navel, otorrhœa.

Pains above the diaphragm indicate purging upwards; those below, downwards.

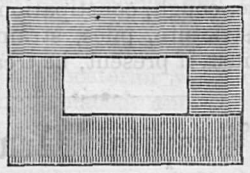
Those diseases which medicines do not cure, the knife cures; those which the knife cannot cure, fire cures; and those which fire cannot cure are to be reckoned wholly incurable. S.

Practical Pathology.

By S. E. Denyer, B.A. Cantab.

(*Continued from page 326*).

Process of Embedding in Paraffin.—For this some small plates of glass are required, as well as a pair of metal casts—brass are the best—which can be fitted together. Different sized blocks can be obtained by sliding one part of the cast along the other. These may



be made of lead, very cheaply, but brass are much better as they retain their shape. Lead casts very easily get bent and of bad shape. It is of practical advantage to have well squared blocks, as the sections run much more easily in cutting.

To embed the section, place the casts in contact with each other on the glass plate. The glass should be dry and smooth and freed from any paraffin. See that the casts are dry also. Take a pair of dissecting forceps and heat the tips gently in a Bunsen flame. Now, pour some freshly melted paraffin into the cast. The paraffin should have been melted at a temperature not exceeding 56° C. Take the specimen out of the paraffin bath with the warmed forceps and place carefully into the cast, making sure that it lies in the middle.

The best way to proceed now is to get the paraffin to harden rapidly, in order to prevent contraction. If allowed to cool slowly, the sides become hard before the centre, and contraction takes place, a large cavity appearing in the centre.

To prevent this breathe on the paraffin in order to get a film to form. When a definite film has formed on the surface, plunge the block into cold water. Allow it to remain in this for half an hour. It will then be ready for cutting. If the weather be very hot ice may be put in the water.

As a rule in hot weather sections cannot be cut very well as they get so soft. If, however, the block be put into iced water (after being fixed to the charger) they will be found to cut quite easily.

Other fixing reagents.—Besides perchloride of mercury, many other hardening reagents may be used.

1. *Alcohol.*—This should be used of a strength of 90 per cent. Von Kahlden* says: "the pieces to be hardened in alcohol are cut into cubes or slices, not more than 2 or 3 mm. in thickness. The volume of alcohol should be ten or fifteen times that of the pieces of tissue. The alcohol must be changed on the second, fourth, and sixth days."

* Methods of Pathological Histology, by C. von Kahlden. Translated by H. Morley Fletcher, M.A., M.D. Cantab. Macmillan & Co.

Hardening in alcohol can, however, be carried out in less time than this. The tissue will be hardened sufficiently in a day or two if the alcohol be carefully changed. It can then be transferred to xylol and paraffin in the manner described above.

Müller's fluid.—This solution has the advantage that pieces of tissue of any size can be macerated in it. Its penetrating power is very great. The disadvantage is the length of time required for hardening. Tissues may be hardened in it in two or three weeks, but many books recommend much longer, viz., six weeks to three months. The volume of the fluid should be twenty times that of the substance to be hardened. It should be changed on the second, fourth, sixth, and twelfth days, and whenever it becomes turbid. The composition of Müller's fluid is :—

Potassium bichromate ...	2·5 parts.
Sodium sulphate	1 part.
Distilled water	100 parts.

Before dehydrating with alcohol the tissue must be thoroughly washed in water. Transfer then to spirit and water, etc., to paraffin.

Picric acid taken alone is a weak hardening agent, little used. It should be employed in saturated solution. This is easily made by putting a few crystals in a bottle, and filling up with distilled water. It is sometimes useful for skin preparations which are made very hard by corrosive sublimate solution. For these, however, the following will be found to be a useful solution :—

Saturated solution of picric acid ... 1 part,
" " $HgCl_2$ ... 3 parts,

the method of preparation being the same as if solution of $HgCl_2$ be used (*vide ante*).

Chromic acid and spirit.—A mixture of $\frac{1}{8}$ per cent. chromic acid solution with one part of methylated spirit was much used by Klein in his investigations into the structure of cells and nuclei, and found to give better results than the ordinary reagents (including even osmic acid). Hæmatoxylin was used for staining.

Formalin = Solution of formaldehyde 40 per cent. in water. Formalin will be found a very useful hardening reagent. It penetrates rapidly and hardens more quickly than alcohol. The following will be found a very useful preparation :—

Formalin	4 parts.
Distilled water	96 parts.

The specimens can be hardened in this and then transferred to spirit and so to paraffin.

Decalcifying agents.—Decalcification of bone. It is necessary in some cases where bone is involved to decalcify the specimen. Many solutions are recommended for this. A few of these will be given. If the specimen is composed of bone only it may be put into the decalcifying solution directly. If any soft parts are attached, it must first be hardened in an ordinary hardening solution in the usual way. It can then be transferred to the decalcifying solution.

Hydrochloric acid.—The most widely used reagent for decalcification is *hydrochloric acid.* Its action is rapid even when very dilute, but it has the disadvantage of causing serious swelling of the tissues. To remedy this, chromic acid may be combined with it, or alcohol may be added to it. Or a 3 per cent. solution of the acid may be taken, and have dissolved in it 10 or 15 per cent. of common salt.

2. *Nitric acid.*—To all other reagents Busch prefers nitric acid, which causes no swelling and acts most efficaciously, whilst at the same time it does not injuriously attack tissue-elements. One volume of chemically pure nitric acid of sp. gr. 1·25 is diluted with ten volumes of water. It may be used of this strength for very large and tough bones; for young bones it may be diluted down to 1 per cent. Fresh bones are first laid for three days in 95 per cent. of alcohol. They are then placed in the nitric acid, which is changed daily, for eight or ten days. They must be removed as soon as the decalcification is complete, or else they will become stained yellow. When removed they are washed for one or two hours in running water, and placed in 95 per cent. alcohol. This is changed after a few days for fresh alcohol.

3. *Nitric acid and alcohol.*—Three per cent. nitric acid in 97 per cent. methylated spirit, or the residue absolute alcohol may be used. This is an admirable solution. I have used it for some time for bone specimens and find it extremely good. Pure nitric acid, even if weak, exercises a gelatinising action on bone. The addition of alcohol counteracts this action. It is usually necessary to soak the specimens for two or three weeks. They should be examined every day, and the solution changed occasionally. Wash out in spirit until neutral to litmus. Chalk may be added. This will take some days, after which the tissues will stain well.

Picric acid.—A saturated solution should be used. This has a very slow action. Specimens decalcified in any of the above methods after being transferred to alcohol may be embedded in paraffin, after being treated by the process given above, *i.e.*, absolute alcohol, xylol, paraffin.

SECTION CUTTING BY THE PARAFFIN METHOD.

After being embedded, as described above, the sections may now be cut. In order to do this a microtome is required. The Cambridge rocking microtome* will be found the most suitable for ordinary work. This instrument is extremely simple and extremely rapid. It is not likely to get out of order, and if it does so, can easily be readjusted.

To cut sections from the paraffin block, it must be affixed to the charger. This is done by filling the charger with paraffin, heating this as well as the side of the paraffin block, which is to be fixed to the charger. They are best heated in a Bunsen flame. The block which should have been previously carefully shaped, is now applied to the charger and allowed to cool. Do not try and cool rapidly in water, as this generally causes

*The Cambridge rocking Microtome, furnished by the Cambridge Scientific Instrument Company, Carlyle Road, Cambridge, price £4 4s.; or by Messrs. Swift & Son.

the block to fall off directly it is applied to the razor. The charger is now fitted on to the microtome. A razor is arranged so that the paraffin block is just cut by the razor. The first sections are cut very thick in order to save the razor. When the specimen is well cut down upon, the regulator may be altered to at first about twelve teeth, then to eight teeth. This will be found a good thickness for nearly every kind of section.

For success in this stage of the paraffin process, the following points must be observed.

1. The razor must be sharp. It must also be smooth, sharpness without smoothness is useless. A razor may be sharp enough to cut very thin sections, but yet every one of them may be grooved. Grooving of the sections means knocking out of cells from the tissue. A razor may be sharpened by oneself on a stone, or by sending it to the cutler. To get a razor smooth, however, is a different story. Mr. Bellingham Smith will bear me out in this, I am sure. The best way to do it, is to sit down as he does occasionally, for a whole afternoon, and work it carefully on stone and strop.

2. The specimen must be well embedded.

3. The specimen must not be too hard. If the treatment in absolute alcohol and xylol has been carefully watched, this will not occur. Skin preparations are often hard; the sub-cuticular tissue is of good consistence, but the epidermis is apt to get very hard.

4. In hot weather the paraffin is liable to get soft and difficult to cut. This can be remedied by placing the block on the charger in iced water for a few minutes.

5. It is best to cut the sections in ribbons if possible.

6. Be sure that the razor is firmly fixed.

Having cut the sections, the next thing to do is to mount them on slides. In order to do this so that they are firmly fixed and can be stained on the slide, the best method will be found to be as follows:—

Take a glass slide which has been carefully cleaned and freed from grease by treatment with nitric acid. The way to do this is to allow the slides to stand in nitric acid for an hour or so, wash with running water until no longer acid, and transfer to spirit in which they may be kept for use. Do not handle too much when removing from spirit, but dry carefully with a very clean cloth. A few drops of a mixture of spirit and water is now placed on the slide with a pipette (about 30 or 40 per cent. spirit, 60 or 70 per cent. water). One of the sections is now taken and floated out on this fluid. Care must be taken that this section is floated out until it is quite smooth and there are absolutely no wrinkles in the paraffin. The slide is now placed upon the bath, heated to 52°C.—56°C., and allowed to remain on this until the paraffin is softened and smooth, *but it must not be allowed to melt.*

Mr. Bellingham Smith maintains that more sections are spoilt at this stage of the process than at any other; that however carefully the sections may have been prepared, if they are overheated in floating out, they are permanently spoilt. *Be very careful, therefore, not to overheat.* The process only takes a few seconds, and must be carefully watched.

After floating out in this way, remove the slide and carefully drain off excess of fluid. Place the slide in an upright position on the bath, leaning it against a rest. Allow it to remain upright for about half an hour or less. Now place it face downwards on the bath, slanting it slightly, so that it forms an angle of about 15° or 20° with the bath. Leave it thus for about two or three hours. It will be firmly fixed to the slide and may be stained with any reagent, or kept in running water for days without coming off the slide. Meyer's albumen* is quite unnecessary for fixing purposes, the above method being perfectly satisfactory.

STAINING OF PATHOLOGICAL SPECIMENS.—Stains are either general or selective. A general stain is one that takes effect on all the elements of a preparation. A selective stain is one that takes effect only on some of them, certain elements being coloured, the rest remaining colourless or being coloured with a different intensity. Selective stains are divided into nuclear and plasmatic. There are two methods of selective staining, (*a*) progressive or direct, (*b*) regressive or indirect.

The first, or progressive method, is that in which the colouring reagent stains the element desired to be picked out more rapidly than those wished unstained. Hæmatoxylin is illustrative of this method. Nuclei stained by dilute hæmatoxylin give at a certain moment a fairly pure nuclear stain, but if the treatment be prolonged, the extra-nuclear elements would take up the colour, and the selectivity of this stain would be lost. The second, or regressive method, is the method of overstaining followed by partial discoloration. As an example of this the coal-tar colours may be quoted.

There are two general methods of staining; (1) staining in bulk, (2) staining separate sections on the slides. The first method is suitable for class work; I shall not therefore describe it. The method of staining by separate sections is the one of most practical use for pathological investigation.

After the section has been fixed to the slide as described above, it may be stained immediately if required, or may be kept in a box, to keep it from dust, for any length of time.

To prepare for staining, remove from bath and dissolve off the paraffin with a few drops of xylol, tilting the slide and allowing the xylol to run over it so as to carry away the excess of paraffin. The excess of xylol is now washed off with absolute alcohol from a drop bottle. Both the xylol and alcohol should be used from drop bottles.

If the section has been hardened by the perchloride of mercury method it will be found to contain many crystals of $HgCl_2$. These may be removed before staining by filtering some Gram's fluid on to the section and allowing to remain for two or three minutes. It is now washed off by placing the slide in a beaker of spirit for a few minutes, until the yellow colour has disappeared.

*Meyer's Albumen. Journ. Roy. Mic. Soc., iv. 1884, p. 317; also 1888, p. 160.

The section may now be stained. There are so many stains and methods of staining now in use that it is impossible to mention more than a few.

General methods to be observed in staining and mounting:—

1. All stains must be filtered immediately before being used.
2. All progressive nuclear stains should be thoroughly washed out with water.
3. In counter staining care should be taken not to make the counter stain too heavy.
4. *Perfect dehydration with absolute alcohol should* be obtained before clearing the section with the clearing fluid or the section will go "cloudy."
5. After dehydration the sections must be cleared. Xylol will be found to be the best clearing fluid. This must be run on to the slide immediately the alcohol has been run off. This part of the process requires a little practice. The section is very liable to go "cloudy" unless done rapidly. If it does go "cloudy," pour off the xylol and dehydrate again with absolute alcohol; then clear again with xylol.
6. Put one drop of Canada balsam on and put on a cover-slip. These must be cleaned by the method given for slides. In applying cover-slips I find it best to work with a Bunsen flame. Pass the cover-slips held in the fingers several times through the flame and rapidly put it on the section. This prevents any moisture being deposited on the glass and causing cloudiness. The fingers are also dried at the same time. A faint cloud can often be seen on a cover-slip held in the fingers, due to moisture from the hand.

Staining solutions.—One of the best works of reference on this subject is "The Microtomist's Vade Mecum," by Bolles Lees. Almost all that a histologist can want will be found in this book.*

Hæmotoxylin stains.—The active colouring principle of hæmatoxylin dyes is hæmatein. Hæmatein is a product of the oxidation of the contained hæmatoxylin by means of the air to which it is exposed.

Ehrlich's acid hæmatoxylin—

Water	100 c.c.
Absolute alcohol	100 c.c.
Glycerine	100 c.c.
Glacial acetic acid	10 c.c.
Hæmatoxylin	2 grams.
Alum in excess.	

Let the mixture ripen in the light (with occasional admission of air) until it acquires a dark red colour. It will then *keep* with constant staining power *for years*, if kept in a well-stoppered bottle. Sections are stained in a few minutes. The solution may be diluted if necessary with alum solution or water.

Use as follows:—

1. Stain for three to five minutes.
2. Wash in water for an hour or two.
3. Absolute alcohol.
4. Xylol.
5. Canada balsam.

Alum Hæmatoxylin.—Crystals of hæmatoxylin are dissolved in a small quantity of absolute alcohol. The solution should be concentrated and contain crystals in excess. To this a 1 per cent. aqueous solution of alum is added until the whole becomes a light blue or violet colour. It is exposed to light, and in a few days acquires a deep blue colour, and is then ready for use.

As the solution stains more deeply the older it gets, it is often advisable after a few weeks to dilute it further with alum solution.

It is used as follows:—

1. Stain for two or three minutes.
2. Wash in plenty of distilled water.
3. Leave the sections in distilled water for twelve to twenty-four hours.
4. Alcohol.
5. Xylol.
6. Canada Balsam.

Alum Carmine.—Two to five grams of carmine are boiled for an hour or so with 100 ccm. of a 5 per cent. solution of alum. Allow to cool and filter.

Sections may be left in the stain for twenty-four hours or more. Wash in water for some hours. Dehydrate, etc.

Picro-Carmine:—

Carmine	1·0 grm.
Liq. Ammoniæ	5·0 ccm.
Distilled water	50·0 ccm.

To this add a saturated aqueous solution of picric acid 50·0 ccm. The staining fluid is allowed to stand in a wide uncovered vessel until the ammonia has completely evaporated, and is then filtered. It is used as follows:—

1. Stain for one hour.
2. Wash for half an hour in *glycerine* containing 1 per cent HCl. Colour this solution slightly with picric acid.
3. Wash for five minutes in water coloured with picric acid.
4. Dehydrate in alcohol, coloured with picric acid.
5. Clear with clove oil or xylol.
6. Canada Balsam.

Picro-carmine has this advantage, that it produces a double stain. The nuclei becomes brownish red, while the other parts are stained yellow.

Eosin.—This can be used in alcoholic or aqueous solution. Aqueous solution, 1 per cent. or even ½ per cent., is a very convenient strength. It stains at once and can be immediately washed off with water. It is very convenient for a counter stain with hæmatoxylin if used in the following manner:—

1. Stain the section with hæmatoxylin and wash with water as directed. When the section is thoroughly washed, filter a few drops of 1 per cent. aq. sol. of eosin on to it. Allow to remain for a few seconds and wash in water for about a minute, moving the section about. Dehydrate, etc., and mount.

Bismarck Brown.—One per cent. can be used in the same way. This makes a very good counter stain with

* The Microtomists Vade Mecum. A handbook of the methods of Microscopic Anatomy. By Arthur Bolles Lees. Fourth Edition. J. & A. Churchill, 7, Great Marlborough Street.

carmine. It is useful for epitheliomata, as it seems to have an affinity for keratin, picking out the nest cells very well.

Of these stains hæmatoxylin will be found most useful, especially if a counter stain of eosin be employed, and for general work this gives, I think, the best results.

Notes on the spread of the Plague in Bombay.

THE PNEUMONIC TYPE OF PLAGUE.

By Surgeon-Captain L. F. Childe.

When plague appeared in Bombay, and as the disease developed, one was struck by the following facts:—First, in all published accounts of the disease, although the ordinary phase of the malady, viz., plague with buboes, is principally described, still mention is always made of another and more fatal form without buboes; whereas here in Bombay it seemed as if the bubonic form were alone appearing, for at the beginning one saw no examples of the other form. Then one observed that coincidently with the increased death rate due to plague there was a large and unexplained increase assigned to remittent fever and respiratory diseases. Week by week as the plague mortality increased, so did that under these two headings, and though it was possible that all these were cases of known but concealed plague, still one could not help suspecting that some of them might be due to plague which was not diagnosed because of the absence of buboes. So I resolved to examine the bodies of all hospital patients who had died of fever, pneumonia, or any acute illness, to see if there were evidences that any of them had really died of plague. And at the end of December I met with a case which had been diagnosed as broncho-pneumonia, but which turned out to be one of plague affecting the lungs, without causing any marked enlargement of the lymphatic glands—a case, in fact, of plague-pneumonia; and as this post-mortem is exactly like many others that I have since made, and is typical of the disease, I will read a few notes of it.

B. L., Hindoo, male, 25 years old, admitted for fever and cough on December 26th, 1896, under Dr. S. He said he had been ill for about seven days. He had symptoms in the chest which led to the diagnosis of broncho-pneumonia being made. No lymphatic glands were found to be enlarged or painful, and a specimen of blood taken by Dr. S. showed no plague bacilli under the microscope. He coughed up about two ounces of blood-stained fluid on the night of the 27th, and died at 3 a.m. on December 28th.

Post-mortem on 28th December, seven hours after death.

Lungs.—Much general engorgement and œdema, with sero-sanguineous frothy fluid in the bronchi but no pus; and the usual appearances of acute bronchitis were absent. There was one small pneumonic patch the size of a walnut, in the early second stage, situated a little below the apex on the front of the right lung; and two similar but smaller patches at about the same part of the left lung. These patches stood out a little from the surface and were light grey in colour, airless, friable, and sank in water, and each was surrounded by a dark ring of engorged lung in the first stage of pneumonia which merged into healthy lung; there was some recent pleurisy over the pneumonic areas. All the other organs were examined, and showed considerable engorgement, but no special lesion was observed.

Condition of lymphatic glands.—The bronchial were quite small and of normal appearance; the cervical were slightly enlarged, but pale and not engorged; the axillary were pink and slightly enlarged; the left iliac were somewhat large, red and soft; the lumbar were rather swollen but pale; and all the other glands looked absolutely normal.

Cultures were made on agar-agar from the pneumonic lung and spleen, and ultimately a pure growth of the plague bacillus was obtained from each.

Microscope.—The pneumonic patches in both stages showed an immense number of plague bacilli, and the rest of the lung showed a large number; the left supra-trochlear and the left femoral glands showed a fair number, and all the other glands extremely few; the spleen and blood also showed a few.

So this was a case of plague, in which during life all the symptoms pointed to disease of the lungs, and in which there were no evidences of glandular enlargement, whilst after death there was clear proof of enormous growth of plague bacilli in the lungs, and of only very slight growth in the lymphatic glands.

I have made up to the present twelve post-mortems on such cases, all presenting appearances similar to the above; and I may add that all the patients were brought to hospital by their friends supposed to be suffering from cough and fever, and, as far as I know, they were quite unaware of the nature of the disease. I have also to say that in nearly all the other cases the fluid from the trachea or bronchial tubes has also been examined, it shows an immense number of plague bacilli, and cultures of plague can always be obtained from it, and that Professor Haffkine has examined some of these cases and Professor Bitter others, and both have confirmed the results stated above with regard to the clinical symptoms of these cases. It fell to me to attend on the late lamented Surgeon-Major Manser, and as he died of this form of plague, I will mention a few facts about his case. He was in his usual health on January 2nd, and had a sudden rigor in the morning and felt fever coming on. During the day a bad headache developed, he felt nausea and vomited several times, and he had pains and a tired feeling in his limbs; his tongue remained clear and moist and his skin was slightly moist. At 2 p.m. T. 103·4°, P. 116. R. 25, and there were but slight variations during the day. On January 3rd had passed a bad night, and felt worse, and all the symptoms persisted except the aching in the

limbs, and he felt very ill. The temperature remained between 103·5° and 104·5°, pulse about 110, and respiration about 23 throughout the day; during the afternoon he felt some pain at the lower part of the left axilla just under the anterior fold, but there was no glandular enlargement or pain in the glands anywhere. On January 4th had passed a bad night and felt very ill, T. 104·6°, P. 113, R. 25, tongue still moist, with a little fur behind and no sordes about the lips or teeth; the other symptoms as before. During the night he began to cough and brought up some watery sero-mucous fluid, slightly blood-tinged, and the pain remained in the same place, only more diffused now, being felt over an area of a square inch. At this part some moist sounds could be heard like those of early pneumonia, and they could also be heard just below the left clavicle; the rest of the lungs and other organs appeared to be normal, as did the lymphatic glands. Patient considered that he had pneumonia, but the symptoms were not like ordinary pneumonia, for the onset was different, the condition of the tongue and mouth different, there was no dyspnœa or pneumonic disproportion of pulse and respiration, and the sputum was not at all like rusty sputum; for it was loose and free, and coming up with the slightest cough, it was watery, looking more like serum than mucus, and it was slightly pink, not rusty yellow at all. Also there was the striking fact that the patient's general condition was far worse than could be explained by the small amount of lung disease present. So I examined the sputum under the microscope, and found it full of bacilli looking like those of plague, and cultures were made from which a pure growth of the plague bacillus was obtained. During 4th and 5th patient became steadily worse, his temperature remained about 104°, and his expectoration became most profuse; the moist sounds were heard over a larger area, as well as slightly at the bases; the respirations increased to 35, and then to 45, and the pulse to 120 and 135; and he ultimately died early on January 6th.

There is also the case of the nurse who attended him, who unfortunately died of a similar form of plague. In brief, she became ill on the evening of January 7th, and showed symptoms of pneumonia on January 8th; she rapidly became worse and died on the 10th, but her sputum was not nearly so profuse as in the former case, and symptoms of exhaustion came on much earlier. She also had no glandular pain or enlargement whatever, and bacteriologically her sputum was exactly as described above.

And these cases lead up to a matter that I should like to bring before the meeting, and that is the infectious nature of plague. For opinions on the subject are widely divided, ranging from those who think that plague is only slightly infectious, to those who think that it is highly so; and I believe that both parties are right, according to the type of plague one considers. For in many cases the ordinary bubonic form of plague is not particularly infectious, and everyone has seen that attendants on such cases, both in hospitals and private houses, do not readily take the disease; nor is the patient likely to convey the disease if his excreta are removed in vessels, and the attendants exercise reasonable care in disinfecting themselves. But with the pneumonic form of plague the conditions are quite different; for here the patient is freely coughing up, and scattering around him, what is practically a virulent pure culture of the plague bacillus. And when one considers the habits of the lower class native of this country, how, when ill, he will spit around him indiscriminately, and how his friends will willingly hold out their hands for him to spit into, I think one cannot help believing that this form of plague must be highly infectious. Moreover, as observed above, there is distinct evidence that many of these cases have not been recognised as plague at all, so that the usual disinfection has not been carried out in this, which is perhaps the most infectious form of plague, and I feel convinced that these pneumonic cases must take a large share in the spread of the disease.

With regard to the literature on this subject, I have not been able to find any published account of this form of plague, but it was evidently recognised during the Pali epidemic of 1836 (*vide* Norman Chevers' *Diseases of India*, page 88); and perhaps the 'black death' of the middle ages, in which hæmoptysis was a prominent symptom, was really a severe type of this plague-pneumonia. Also it is stated that the Astrakhan epidemic of 1877 was first regarded as croupous pneumonia.

There is just one thing to add. The definition of plague in Quain's Dictionary of Medicine is as follows:—"A specific fever attended by bubo of the inguinal or other glands and occasionally by carbuncles." And other authors use similar expressions. But I think one may say that these definitions only cover one form of plague, and also, that such euphemisms as Epidemic Polyadenitis or Bubonic Fever are equally inapplicable to the disease.

The specimens shown are—a plague-pneumonic patch, a specimen of plague bacilli from the patch, and fluid removed from the trachea.

Correspondence.

To the Editor of Guy's Hospital Gazette.

A Children's Party in Guy's.

Dear Sir,—I have much pleasure in announcing the fact that we have up to date received £12 3s. 6d. towards the Christmas Tea Fund. As about £70 are needed it is to be hoped that those students who are going away for their holidays will give their subscriptions to one of the committee, and will also during their absence try and collect any small sums from their relatives or friends. Any article of underclothing will be gladly received, also toys for the Christmas-trees. I will take the opportunity here of reminding those who may be willing to give

clothing, that the children will consist of boys and girls, and their ages range from six to thirteen. Also that sect or denomination will *not* play any part in the choice of children. Thanking you for inserting this letter in the Gazette, and also for the help you are giving us, I remain, dear sir, your obedient servant,

THOMAS W. LANDON, *Sec.*

Prescriptions in Wimpole Street.

Sir,—The following prescription is one ordered by a consultant for a patient of mine not long since; kindly give your opinion as to whether I should give it the patient or give him a chance:—

℞ Liq. Ammon. Acetat. ʒiii.
Sp. Ammon. Aromat ʒiii.
Potass. Iodid. ϑii.
Tinct. Digitalis ʒi. ss.
Tinct. Camph. Co. ʒiv.
Tinct. Scillæ. ʒii.
Vin. Ipecac. ʒii.
Tinct. Senegæ ʒiii.
Tinct. Chlorof. Co. ʒiii.
Aq. M. Pip. ad ʒxii.
S. ʒi. 4tis horis.

It would be better under the circumstances for me not to sign my name, so enclose card and address, and remain, yours truly,

ANXIOUS.

Old Ben Neal.

Dear Sir,—Many of your readers will be very sorry to hear of the evil times that have fallen on old Ben Neal, who for nearly forty years has been closely connected with Guy's cricket. The old man has no means of supporting his wife and himself except odd jobs as umpire, which, owing to our now having a permanent ground-man, have become very few and far between. His wife, who has for many years been able to help him in keeping a home, has for the last six months been completely paralysed, and, consequently, the old couple are now almost destitute. A small sum has been subscribed, which will keep them from absolute want for a short time, but I feel sure that all Guy's men who have had anything to do with the cricket would like to do something more substantial to help an old friend who has always shown such a keen interest in the fortunes of the cricket team. Any sums, however small, will be most gratefully received by me on his behalf, and will be acknowledged in the Gazette.—I remain, yours faithfully,

F. J. NICHOLLS,
Captain of the Cricket XI.

Guy's Hospital,
16th July, 1897.

Acknowledgments.—Clinical Journal; Vactis (Shanklin, I.W.)

The New Physiological Laboratories and Library.

LIST OF BOOKS IN THE LIBRARY OF THE PHYSIOLOGICAL LABORATORY.

(*Those marked with an asterisk have been presented.*)

Zeitschrift für Physiologische Chemie. Complete, Vols. 1—22.
Hofmann und Schwalbe's Jahresbericht für Physiologie. Complete, Vols. 1—20.
Hermann's Jahresbericht für Physiologie. Vols. 1—4.
*Collected Papers. Guy's Physiological Laboratory. Vols. 1 and 2.
*Lee's Microtomist's Vade-mecum. 2nd and 4th eds.
*Stirling's Practical Histology. 1st and 2nd eds.
*Stirling's Practical Physiology. 2nd ed.
Kölliker's Gewebelehre. Vols. I., II. 1, and II. 2.
Ramon y Cajal. Système Nerveux.
*Henle's Nervenlehre.
Lenhossék's Nervensystem.
Huepper. Backterienforschung.
Ecker. Anatomie des Frosches. Vol. I.
*Ranvier. Histologie.
*Kölliker's Grundriss der Histologie.
Flechsig. Gehirn und Seele.
Bruce. Illustrations of Mid and Hind Brain.
*Halliburton's Chemical Physiology.
*Liebig's Organic Chemistry.
*Roscoe and Schorlemmer. Chemistry, Organic. Vol. III., part 2.
*Fresenius. Qualitative Analysis.
*Fresenius. Quantitative Analyse.
*Sutton's Volumetric Analysis.
Geppert's Gasanalyse.
Drechsel. Physiologischchemische Präparate
Neumeister. Physiologische Chemie.
Hammarsten. Physiologische Chemie. Vols. 1 and 2.
Chemiker Kalendar (Springe) for 1897. 2 vols.
Biedermann's Electrophysiology (translated by Wilby)
Richet. Dictionnaire de Physiologie. Vol. I.
Howell. Text-book of Physiology.
*Foster. Text-book of Physiology. 4th ed.
Schiff's Gesammelte Arbeiten. Vols. 1, 2 and 3.
*Strickers. Allgemeine Pathologie (incomplete).
*Neisser. Echinococcen Krankheit.
*Sach's Physiologie Vegetale (1868).
*Burdon Sanderson's Hand-book for Physiological Laboratory. 2 vols.
*Niemeyer's Pathologie und Therapie (1874). Vol. I.
*Quain's Anatomy. Vol. II. 9th ed.
*Billroth's Pathologie und Therapie.
v. Limbeck. Klinische Pathologie des Blutes.
*Ganot's Physics.
*Remsen. Organic Chemistry.
*Schäfer's Practical Histology. 2nd ed.

Passim.

The letter of Surgeon-Captain Rawnsley, published in our issue of June 5th, urging the need of establishing a fire brigade at Guy's, has been most forcibly—we might say most ardently—backed up by an experience that might easily have proved fatal to the greater part of the old buildings in the hospital. This experience was no less than a dangerous fire which gutted the corner building of Maze Pond, known as Zetland House, and for a time threatened to spread across the road to the hospital. This took place at two o'clock in the morning of Friday, the 9th instant—at a time, therefore, when there would be the greatest danger of life and limb to the patients. It is fortunate, therefore, that the hospital escaped unhurt.

In Martha and Dorcas wards the hot air and sparks came in from across the road while the staff-nurses were in the dining-hall at their midnight meal; and in the former ward at least it was as much as the sister and the junior probationer left on duty could do to make the patients return to their beds, which they had left in fright, and to keep them quiet until all danger was over. In the nurses' dormitories sparks kept flying in at the open windows; and many were deposited on the roof; and there is no doubt that, if the upper floor of that building were once to catch fire, the whole would burn like matchwood. The nurses had the presence of mind to break open the case of one of the fire hoses, and to prepare for a contingency which fortunately did not occur; but the danger has shown nevertheless that some better arrangement than the present is urgently needed, with which to face the terrible possibilities of a fire in Guy's.

It is most fortunate also that the inmates of the burning house escaped with so little personal injury, as was the case. No one was even scorched; and the only bone broken was a clavicle. Mr. E. G. Goddard's leap from the second floor, only a few seconds before the arrival of blankets from the college, resulted in an almost miraculous escape, the only organic injury which he suffered being a dislocation of the left tarsal bones outwards, an injury which, we are glad to say, was easily reduced under an anæsthetic. The patient, after a day's prostration, has now practically recovered and hopes to present himself before the examiners of the Conjoint Board on Monday. A careful representation of the scene and of its hero appeared in the "Penny Illustrated" paper, *q.v.*

Of his three fellow-lodgers on that eventful occasion, one was still up in the Surgery, and two were away; and we can only sympathise with them in that, whereas three of them are colonials, they have lost nearly every article that they possessed on this side of the globe. This incident, therefore, made it both satisfactory and entertaining the other morning to watch the heroic descent of nurses from the windows of their dormitories in Hunt's house through the canvas fire-escape on to the first floor leads below. The process bore a strong resemblance, in the opinion of the carping critic, to peristaltic action on a large scale.

The United Hospitals' Athletic Club held its annual meeting at Stamford Bridge last Saturday, and the Shield, as was generally expected, was retained by St. Mary's Hospital. It was one of the best afternoon's sport that we have ever witnessed. Not only were three hospital records beaten, but the races produced some of the closest and most exciting finishes possible. St. Bartholomew's lost their chance in losing both the Shot and the Hammer, which were generally supposed, together with the long races, to be their speciality. But St. Mary's has a first-rate athletic team; and their victory was popular not only on account of their performances, but also for the modest way in which they bore their well-earned laurels. The three records broken were broken by St. Mary's men; and St. Mary's now heads the list of records with no fewer than five to its credit, three being still held by Guy's and two by St. Bartholomew's. The latter hospital has held the championship on nine occasions; Guy's on eight, and St. Thomas's on five.

In the evening some thirty members of the United Hospitals Athletic Club dined at Frascati's Restaurant, with Mr. McKellar of St. Thomas's Hospital in the chair, and Mr. Howard Marsh on his right hand. A very pleasant evening was passed, with songs from the veteran athlete and entertainer, Mr. B. C. Green, and others, and fortunately only two or three toasts, which were proposed, drunk and acknowledged in the happiest way. The club is now in a flourishing condition, thanks to the almost superhuman efforts of Mr. Turner of St. Thomas's, who in a single year as treasurer is said to have wiped off a deficit of some hundred and fifty pounds. Unfortunately at the dinner no one twitted him with his virtues. It is to be hoped that there will be an equally

good opportunity of doing so on a similar occasion next year. Meanwhile it is to be hoped that the club may be able to arrange one or two foreign matches, inasmuch as it is now, in the opinion of several experts, one of the best athletic clubs in existence. The match against the London Athletic Club that was fixed for to-day, has unfortunately fallen through; but we may hope to see matches with the universities next spring.

GUY'S is doing very well for itself in the athletic line; and as Walker ought next year to win the middle-distance races, and Sime has during the past twelve months improved considerably on Woodyatt in the sprints, there may be a chance before another year is out of seeing the athletic shield back in Guy's. Of the other performers, Batchelor, who has hitherto been a quarter-miler, ran surprisingly well in the mile, seeing that he was in the midst of his examinations and practically untrained; while Trail and Hilton ran with admirable pluck and considerable success, and Barron, M. D. Wood, and other members of the team have made most praiseworthy efforts to train.

F. E. WALKER'S illness, which was at first considered to be diphtheria, on account of the bacillus diphtheriæ being cultivated from his throat, has turned out to be German measles, and our athlete has accordingly been removed to the London Fever Hospital. Guy's seems to be determined to support a bed in that institution. Mr. V. E. Collins has only recently vacated the place which he inherited from another Guy's man. Mr. Collins is, we are glad to say, in the most brilliant health, and contemplates a sea-voyage. We hope to see him back in an official capacity again before long.

IN the other branches of sport, with the exception of lawn-tennis, which was disposed of in our last issue, the inter-hospital competitions are reaching their final stages. The management of the cricket cup has been very unsatisfactory. The second round is still uncompleted, and the first match of the semi-final, which should have been played long ago, has been deferred till next Monday, because Middlesex have repeatedly postponed their match with Westminster. It is to be hoped that a good company of Guy's men may travel down to Winchmore Hill on Monday to cheer their men on to victory and to enjoy themselves with a pleasant afternoon on the St. Bartholomew's ground. The team has been scoring heavily of late, and Clarke's 167 against Reigate Priory was a very fine performance.

No account has reached us of the bicycle races on Wednesday, but we are glad to record another win for Guy's, so that it is presumably open to us to buy that Mellin's shield and keep it in the smoking-room for ever. The same might be said of the cross-country cup, which we have had for seven years in succession; but the difficulty, as with many desirable things in this world, is to find the money.

THE water-polo team in the semi-final of the cup-tie were victorious over St. Bartholomew's on Thursday last at the St. Saviour's Baths, and are to be congratulated on their very good play, even if they are said not to be quite equal to our powerful team of last year. The final is fixed to take place at the Bath Club in Dover Street on the evening of the 21st. Mr. C. B. Sells has a few tickets to be had on application.

THE shoot for the hospitals' cup took place at Bisley also on Thursday. St. Thomas's won, with St. Bartholomew's second, and our team third.

A PROPOSAL, set on foot at the London Hospital, is now under discussion for the institution of a challenge cup for second teams at Association Football. Details are not as yet forthcoming and appear, accordingly, rather difficult; but if such a cup could be instituted, there is no doubt that it would have a most excellent effect in stimulating interest in football amongst those who feel that they have no hope of a place in their first team.

THE lawn-tennis championship challenge cup, presented by Mr. Lane and Dr. Washbourn, arrived in the college a week ago. It is a fine trophy and demands the tribute of a very large vote of thanks to the generous donors. Williams plays Ransford or Mandy in the final. The final of the handicap tournament rests between Alabone and Lacey.

THE colours of the Guy's Soccer shirt has been changed to a blue body with orange collar and cuffs. A further notice of the change of wardrobe will be made as the football season approaches.

GUY'S men, are all to turn up with friends at Honor Oak Park for the match against the St. German's club on Wednesday, the 28th, when there will be a shilling gate on behalf of the funds of the hospital. And they are to send everyone else there they can think of, saying to them what a lovely ground it is, and what a fine team we have this year, especially for hard scoring.

THE annual dinner of the Debating Society took place last Tuesday in the college reading-room, and proved a very great success. Dr. Washbourn most kindly took the chair, and of course made an admirable chairman. We are sure that a very large number of men would have come to the dinner if they had only known what an excellent and original evening's amusement it would afford. Messrs. Cazenove, Cock and Reaside completely convinced the house, despite the protestations and contrary convictions of Messrs. Fremantle, Passmore and Croucher, that the *Guyoscope* was a scurrilous rag. Mr. Hills urged with success that the matinée hat should be abolished, Mr. Howard in vain defending that article of fashion on the score of the stimulus given by it to trade and to the study of botany. Finally Mr. Pakes convinced the house that Mr. Hopkins' defence of the present system of examination by the Conjoint Board was weak, irrelevant and totally inadequate. The debate never flagged for a moment; the speeches were both entertaining and of the right length, and they were washed down and disinfected by some excellent wine and weeds provided by a few generous officials and members of the Society.

AN announcement was made some time ago that it was hoped in time to publish by degrees a Guy's gallery of engravings, reproducing portraits of prominent Guy's men and officials in the past and present, and that the first portrait would be that of Dr. Wilks. An arrangement is now being entered into between the GAZETTE Committee and Mr. Percy Bigland for the reproduction of the artist's excellent painting of Sir Samuel Wilks, now being exhibited at Burlington House. If this can be arranged, no pains will be spared in order to secure a perfect engraving, satisfactory alike to painter, to sitter, and to all Guy's men. Indeed Mr. Bigland has himself undertaken to superintend the process, and further details will be shortly announced.

WE regret to announce that Mr. Toms has been obliged to resign his appointment in the Superintendent's office on account of continued ill-health. His work is being divided between Mr. Beckwith and Miss Matthews, who now has control of the store and assists Dr. Perry with his type-writer. All senior men, and Residents in particular, who have come across Mr. Toms during the past few years will feel the sincerest regret at his departure. We must hope that he will have a speedy return to health.

ALTHOUGH we shall be accused of trumpeting our own wares, we wish especially to call the attention of our readers to two most pleasantly-written and interesting articles, respectively by "H," and by Mr. Gerald Sichel, which will be found in the present issue. If only old Guy's men realised the amount of pleasure and sound advice that they can give to their successors in the old place by an account of the wider fields of life before them, they would certainly be much more liberal with their contributions than they are at present. Mr. Sichel's experiences, too, breathe the pure spirit of the Empire, and fill us with a devouring thirst for adventure.

OLD Guy's men in practice, who do not want as yet to fall into the hands of the C.R.A. or Gazette Pathologist, are given an opportunity of learning the methods of section-cutting, if they have not already learnt them, by a second article on the subject in to-day's issue, written in direct answer to an appeal on the subject from an old Guy's man, and giving the results of a very wide experience gained in the pathological laboratory.

The Re-Endowment Fund.

THE following letter was received the other day with a jeweller's box, containing three sovereigns, the envelope being addressed "To the Secretory Guys Hospital St. Thomas St. London":—

Henbury
Southcote Rd
Bournemouth
June 16th 1897

Mrs M A Howe

Presents hir compliments to the Sectery of Guis Hospital and begs to send 3 Pounds to the much neaded fund this Jubeley Year of Our Beloved Queen it may be well to say in the year 1851 M A Howe was a Patient in Charrity Ward Bed 20 for 9 weeks and very much whishd to have sent 5 Pounds when the Papers stated how much Help was needed but could not spare so much still trusting this little sum may be found of use

A day up the Uganda Railway.

H.M.S. *Gibraltar* had been lying at Zanzibar nearly four months, when on 12th February last, we sailed from there for Kiluidini. Kiluidini is situated on the mainland side of the island of Mombasa, the town of Mombasa itself lying on the opposite or eastward side of the island. We arrived there early in the forenoon of the 13th. Imagine a narrow entrance leading into a somewhat broader lake-like expanse of sea; the island side rocky, but covered with rich tropical vegetation, the mainland covered with palms, and fringed at intervals with little white sanded caves, which show up in strong contrast to the dark green wooded depths behind; and all in the shimmering steaming heat and light of an equatorial sun.

When we dropped anchor we were surrounded by thousands upon thousands of small white helte-flies, as it were by a snow-storm.

The woods in the heat of the day appear deserted, but that is only because all that can, sleep in the shade; not that one finds any cool spot day or night, for we are only four degrees south of the equator. Thus, one may stumble—as indeed one of us did—over King Leopard, taking his forty winks and dreaming doubtless of the fat gazelle he hopes to catch near the watering place that evening; nearing sun-down the silence is replaced by the call of the wood-pigeon, the coo of the dove, and the twitterings and chatterings of innumerable smaller birds. Now is the time for the man with the gun, and very exciting is wood pigeon shooting: following the birds from palm to palm, from palm to orange tree, until at last one gets one's shot as the bird is flying to yet another bough. On these little shooting trips we could see the tracks of scores of antelopes, often followed by those of the crafty tiger or leopard.

Among the trees are occasional mud huts with their dusky inhabitants, and the long-legged poultry common to all Swahililand. Kiluidini, the East African port of the future, at present only consists of a few Europeans' houses, a wooden pier, and a small ice factory; from this apparently insignificant spot, we are going to open up the trade and richness of Central Africa, for here the Uganda railway commences, at present only running twenty-eight miles inland, but destined to reach the far shores of Victoria Nyanza, six hundred miles away. And here one must pay tribute to the kindness and courtesy of Messrs. Rawson and Lockyer, not only for the little trip up the line, but also for the ice they used to send us on board; a luxury appreciated perhaps more than any other could have been.

Now for the trip.

We were to go up by the train taking up water for the Hindoo workmen at the head of the line, scarcity of water being the great obstacle to be contended against, and the line is being constructed by Hindoos, of course under European superintendence. There were six of us going up, and ruffians we must have looked, dressed in our oldest and at the same time coolest, with thick boots and gaiters, and old "Terai" hats, helmets, etc., each to his taste, and according to his wardrobe. We took Harper and half a dozen black "Seediboys," captained by a big ugly negro rejoicing in the euphonious name of "Cockroach". Some of the names these boys adopt are very quaint, and range from "Bottle of Beer" to "John the Baptist." We took the boys because we thought they would enjoy the trip—and I think they did.

Our train consisted of six trucks with water-tanks and timber, a van for the guard and ourselves in the rear; it was drawn by a powerful, quite modern engine. Hardly had we started when our Indian guard fell out of the train on to his head. We stopped and picked him up; he was not hurt much and came on with us. According to his account, some friend of his (the train was crowded with coolies) with a grudge against him, pushed him off; however he could not say who, and as he grew more and more sulky with us until he left a few miles up the line, I rather feel inclined to look on his fall as a kind of financial speculation, undertaken to arouse our sympathy and ultimately transfer a rupee or two from our pockets to his. It failed, however.

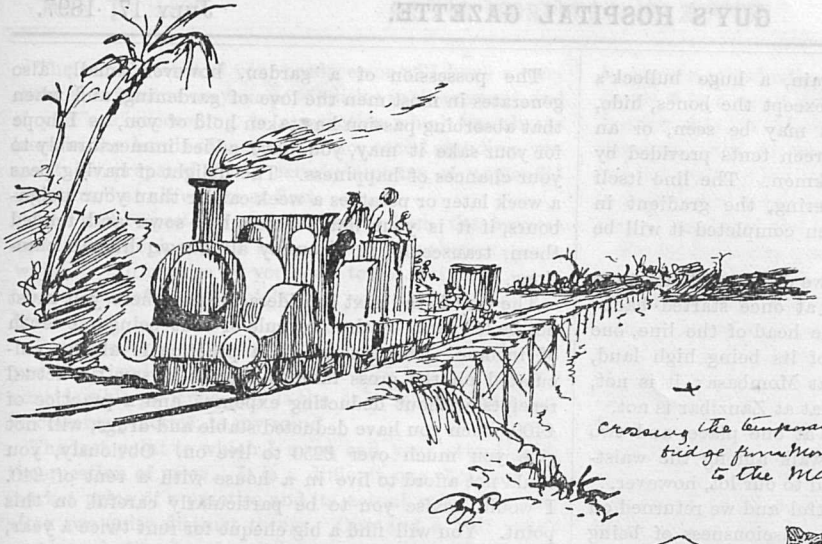
Another Hindoo fell off further up the line—rather like the soldiers in "Alice in the Looking-glass" these—he had jumped off the train against a steep embankment, and, missing his footing, nearly rolled under our van; as it was he knocked his head a resounding and most unholy whack against the open door. Again we stopped and went back, to find him, not dead or even unconscious, but naturally very sorry for himself; it happened just near an encampment of coolies, and so we left him in the hands of his friend.

Anthropological note.—The Hindoo skull must be very hard.

Seriously speaking, it is a country and people in which the anthropologist must needs delight; beyond as yet the very outskirts of modern civilization, here we see the native hunter in all his natural freedom, roaming almost naked, with bow and arrow in hand, among the bush; for on leaving the coast, and gaining the higher lands, the tall palms disappear, giving place to low coarse brushwood, with here and there clumps or natural avenues of more lofty trees.

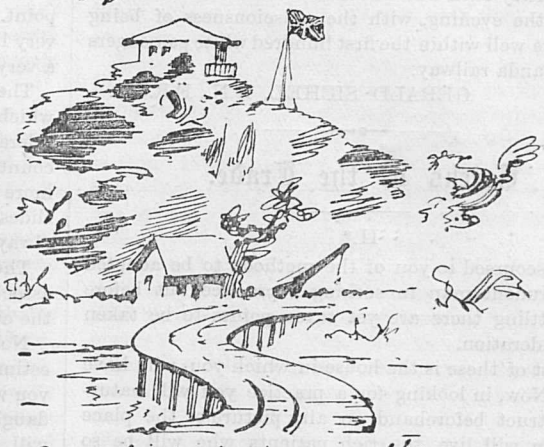
These people are still, like the Wa-Swahili or coast people, of the Bantu stock; further inland are the warlike and terrible Masai; and to the north the Gallas, belonging to the Somali tribe, all of whom are savage to a degree. The Bantus are, however, a peace-loving race, and instead of fighting and pillaging spend their time in hunting and rough attempts at agriculture.

The railway, on crossing the narrow arm of sea which surrounds Mombasa on the north, at once ascends steeply; and keeping at a high level, gradually rising all the way, a series of characteristic and beautiful views are enjoyed of undulating stretches of a tropical land in all its natural wildness, extending for miles and miles on either hand, with, however, no stream or lake to be seen. Here and there may be observed an



Crossing the temporary bridge from Mombasa to the Mainland

a caravan encamped.



Port Kilindini shewing the Commissioners house & the beginning of the Uganda Railway.

Hindoo in Sunday dress

Hindoo in working dress

a bullocks skeleton in the bush.

a native hunter

G Sichel 1896

A day up the Uganda Railway.

enormous eagle's nest, or, again, a huge bullock's skeleton, bleached and devoured except the bones, hide, and hoofs. In places caravans may be seen, or an encampment of the serviceable green tents provided by Government for the Indian workmen. The line itself is a wonderful piece of engineering, the gradient in places being 1 in 30, though when completed it will be nowhere more than 1 in 50.

Arrived at the end of the line we discharged our cargo of wood and water, and almost at once started back; there were two white men at the head of the line, one down with fever; for in spite of its being high land, fever is very prevalent there as at Mombasa; it is not, I think, malarial; at any rate that at Zanzibar is not.

We had about an hour's stop at one place, and two of us went off with guns for a walk among the waist-high grass. Only two pigeons fell to our lot, however.

The journey back was uneventful and we returned on board in the evening, with the consciousness of being at any rate well within the first hundred white passengers on the Uganda railway.

GERALD SICHEL, R.N., F.R.C.S.

Tricks of the Trade.

II.*

I HAVE discoursed to you of the methods to be adopted by the prudent man in seeking a practice, but before finally settling there are yet three points to be taken into consideration.

The first of these is the house in which you will have to live. Now, in looking for a practice you will naturally construct beforehand an airy picture of the place where you will live, the rich patients who will be so grateful to you, and the golden sovereigns that will slide so easily into your pockets; and in this, as in most other matters in this gay world of ours, the reality has a way of falling short of the picture. We must expect it, but at the same time we must do our best to secure that that shortcoming shall be in the less necessary and important parts of the picture. In this latter category you will do well to place the house. A really good house and garden are, in my experience, not often to be met with in country practices, and where they are, they are generally accompanied by that most undesirable burden on a beginner's shoulders—a high rent. Do not, then, be too exacting in this matter, but, supposing other things are satisfactory, be content if there are enough rooms in the house to hold you and your family, present and potential. A garden of sufficient size is, on the other hand, almost a necessity. Vegetables are very difficult to procure in the country unless you grow your own, and you must keep a man outside to look after the stable, who will easily be able to find time to do the garden.

(* The first article appeared in the GAZETTE for April 24th, 1897. The writer in these articles is speaking, for the most part, of a country practice.—ED.)

The possession of a garden, however small, also generates in most men the love of gardening, and when that absorbing passion has taken hold of you, as I hope for your sake it may, you have added immeasurably to your chances of happiness. The delight of having peas a week later or potatoes a week earlier than your neighbours, if it is your hand which has sown and tended them, transcends in intensity all known human emotions.

The rent is the next consideration, and here you must not be led away by the old rule of rent being one-tenth of income. The income of a practice is always calculated on the gross takings, that is to say, the actual receipts without deducting expenses, and a practice of £400, when you have deducted stable and drugs, will not give you much over £250 to live on. Obviously, you could not afford to live in a house with a rent of £40. I would advise you to be particularly careful on this point. You will find a big cheque for rent twice a year, very likely, too, due at a time when the takings are low, a very hard nut to crack.

The second point is the social question, and it is one to which you will do well to give your most anxious consideration. I must premise by saying that society in the country is divided into its several classes, by very much more distinct lines than obtain in towns, where one class slides insensibly into that next below it, and a man can always find plenty of friends of his own standing.

The two classes with whom it is possible for you to associate in the country are the county gentry, including the clergy, and the farmers and superior tradespeople.

Now, as a general rule, the farmers, though a most estimable class of men, are not as educated as the society you will have been accustomed to, and their wives and daughters are not of a class with which your womankind will be content to associate as their sole source of society. I say sole source advisedly, because, when you set up, you will have to choose in which of the two upper grades you will seek your friends, there being in this matter, unfortunately, no middle course, and herein lies the difficulty.

The medical profession in the country is only very slowly establishing its right to the status of gentleman, and in many places the county gentry still consider a village doctor too far below them in rank for any intimacy to be possible, a condition of things to which the scanty means of the latter too often contribute; and it is no uncommon thing for the parson, if a man of means, and either in county society, or desirous of getting there, to completely ignore, socially, the doctor living in his own village. Now, this may seem an unimportant detail to you, but, believe me, no man, and still more, no woman, can continue to live contentedly without congenial society. If you consider the society of the farmer will afford you all you need in that respect, well and good, you can have it at the asking; if not, I beg of you, be most careful in your enquiries as to the possibility of your making friends among the clergy and gentry before you commit yourself irrevocably to a practice.

The social status of your predecessor will have a very marked influence on your possibilities in this respect, and if you are succeeding to a practice which has always been in the hands of men of inferior social standing, you must be prepared for a certain amount of "splendid isolation," at all events at first.

You will be pestered with invitation from the farmers and tradespeople to meat teas and such like abominations, which it will require all your tact to get out of without offence, but of the gentlefolks you will probably see but little.

Prolonged residence in a place would probably get you the friends you want in any county, but this requires considerable patience, and is the only serious drawback to country practice, to my mind.

The last point to which I must call your attention is the question of price. It is a difficult one, because the market price of a practice and its actual value are very often two quite distinct things. One and a half year's purchase is the usual price for an unopposed country practice. That is to say £600 for a practice bringing in £400 a year.

Now this method of calculation is open to fallacy.

The value of a practice to you is not what it brings in yearly, but what is left when expenses are paid, and it is to these latter that you must direct your eagle eye in computing the value.

A country practice cannot be conducted under present conditions without horseflesh; now in most countries one horse will earn you up to £400 a year, two up to £800, and if you are making more you will probably want three. Now, a horse is an expensive thing to keep, and if your practice is bringing in £500, that is to say, just too much for one horse, you will not find it nearly such a good investment to give £750 for it as if it was a £400 practice and you could do it with one horse and gave £600 for it. The latter practice would bring you in more to live on and would consequently be worth more. You cannot keep a horse much under £70 a year, counting groom's wages and everything. Find out, then, how many horses you will want, the probable price you can get a groom for, and how much your predecessor has been spending on his stable, if he will tell you, and when you get home, figure it all out; so much for weekly bills (10/- per head), so much for drugs, so much for stable, income tax, coal, rent, rates, dress, and pocket money, and if there is a balance, even a small one, it is good enough, if not, then let some one else drop their money over it. Now with regard to the terms of sale; it is usual to transfer practices by means of what is called a partnership introduction for three or six months. The principle of this is that during the introduction expenses and receipts are equally shared between buyer and seller. Half the purchase money is paid over to the seller at the commencement, the balance being lodged in the bank to their joint account, and drawn out by cheque signed by both at the termination of the introduction. It is an excellent arrangement in the interests of both parties with this solitary exception, that during the introduction the practice has to support two people. In a small practice, with a six months' introduction, this is a serious matter, so that it is advisable to stipulate, that, although you may keep the vendor to the full terms of his bargain if you think well, it may be in your power to pay him off and get rid of him at any time if you think you have been sufficiently introduced.

For most country practices three months' introduction is ample, and you will probably find before the expiration of that time that you can get on quite well alone. It is usual to insert a clause in the deed relative to any clubs which the vendor may have, providing that in the event of their not being transferred to you, a sum equal to one and a half times their yearly income shall be deducted from the balance of the purchase money, and another excluding him from practice within a certain fixed radius of the place. But it is most advisable to get the deed of sale drawn up by some one who is in the habit of doing these things, and who will see that your interests are properly looked after.

Vendors very commonly want you to buy their book debts, but I would strongly advise you to have nothing to do with them. You will find it almost impossible to get the money out of many of the patients, when the vendor is gone, without actually summoning them, which is a very injudicious thing to do, at any rate at starting, and the trouble you will be put to will certainly not be compensated for by the monetary return.

One word more before I leave this part of my subject. Whatever you do, leave yourself a handsome margin after the practice is paid for to carry on with till money begins to come in. You have no conception till you come to try how many and various the expenses are in connection with setting up, and how long you have to wait till you begin to reap the result of your labours. Horses, harness, cart, furniture, drugs, fixtures, and the household bills for many a week to come,—your hand will be weary with signing cheques for all these long before you have to receipt a bill; and I would advise you to have at least £300 in hand when the practice is paid for, and that you will find little enough. I, personally, had nothing, and that accounts in great measure for my infliction upon you of a letter which is already far too long.

Well, sir, I have done. If there is any wisdom in my homely tale, it is the result of bitter experience, and if hereafter, any of your readers, unmindful of my warnings, should one day wake to the consciousness that his brand new practice is, perhaps, not worth quite all he paid for it, let him console himself, if he can, with the reflection that he is not the first, nor, I suppose, will he be the last, whom hot youth and a sublime ignorance of business matters have eased of his superfluous capital. H.

NOTICE TO CORRESPONDENTS.

The Editor wishes it to be understood that no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.

Obituary.

C. J. Prime, M.R.C.S., L.R.C.P.

C. J. PRIME joined Guy's Hospital in the Summer Session of 1884, and after holding the appointments of extern, surgical ward clerk, post-mortem clerk, dental surgeon's dresser, medical ward clerk (to Dr. Pavy and Dr. Goodhart), assistant surgeon's dresser (to Mr. Lucas), and dresser in the surgery, qualified as L.R.C.P. and M.R.C.S. in 1890. For a year or so he worked in general practice near Newcastle. Subsequently he became a surgeon of the Royal Mail Steamship Company, running from Southampton. In March of this year he joined the Royal Niger Company, in whose service he died of malarial fever at Acora. He was a prominent member of the football teams of 1887 and 1888, and had many interests in other branches of athletics.

His work at Guy's was always done very well, and if he did not fulfil the promise of his earlier years at Guy's, in time no doubt he would have done good work in,—

"The Legion which never was listed,
That carries no colours or crest,
Yet split in a thousand detachments
Is breaking the Road for the Rest."

The pity is that he did not join the Foreign Legion until his health was already undermined.

In this desperate venture he died, and left to his sisters and his mother unceasing regret, to those who knew him at Guy's the memory of the best of good fellows, cheerful in the face of adversity, "Oppressed but not cast down."

Presentation to Mr. H. T. S. Bell.

WE are asked to publish the enclosed letter received by the President of the Residents:—

MY DEAR PIKE,—I feel that I cannot leave for Australia without thanking those men who so kindly thought of me on my approaching departure, and I wish to convey to them through you my sincere thanks for their good wishes. It will be pleasant in the days to come to have something by me to remind me of my life at the Hospital, and the good friends I have left behind. Give them my best wishes for the future, and I trust that if ever they pay a visit to the other end of the earth, they will not forget to look up and make use of their friend and fellow student. Good-bye.

H. T. BELL.

Jubilee Honours.

WE are glad to congratulate, although rather late, Messrs. Hugh Adcock of Teheran, and Step. Bushell, M.D. of Pekin, both old Guy's men, on their inclusion in the Jubilee Honours' list.

Sport.

Water Polo.

GUY'S v. LINDEN S.C.

The above match was played on June 30th, at the St. Saviour's baths, and resulted in a win for the Linden by 4 goals to 2. The Guy's team were all to pieces that evening, the forwards being very slow at getting on the ball and throwing. Team:—

GUY'S.—H. J. Barker, goal; D. H. Trail, H. Grose, backs; G. Marshall, half-back; J. R. S. Ash, G. Evans (centre), C. B. Sells, forwards.

GUY'S v. RICHMOND S.C.

This match was played at the St. Saviour's baths on the 7th of July, and resulted in a win for Guy's by 6 goals to nil. Guy's played a very good game, and the combination was good. The result was very pleasing, as it is the first defeat of the Richmond Club this year. Goals were obtained by Marshall (2), Ash (2), Sells (2). If the team play in as good form in the Cup ties, the Cup ought to be retained for this year. Team:—

GUY'S.—H. J. Barker, goal; J. L. Payne, C. B. Sells, backs; G. Marshall, half-back; G. Evans, H. Grose, J. R. S. Ash, forwards.

GUY'S v. OTTERS.

Played at the St. George's baths on July 13th, and resulted in a win for Otters by 2 goals to 1. Team:—

GUY'S.—H. J. Barker, goal; H. D. Trail, H. Grose, backs; G. Marshall, half-back; E. F. Hardenberg, G. Evans, J. R. S. Ash, forwards.

GUY'S v. BART.'S.

SEMI-FINAL OF THE CUP-TIE.

Guy's won the toss and elected to defend the deep end. Bart.'s pressed at once, and Fay Bennett tried a shot which was unsuccessful. From the throw out Payne took the ball up, but shot over. Six minutes from the start, Sells from a pass from Marshall, registered the first goal for Guy's, and a few minutes later Ash scored our second goal. Bennett tried his hardest to score, but was too well marked by Marshall. At half-time Guy's crossed over leading by 2 to 0.

Payne registered the third goal for Guy's three minutes after the restarting of the game by a good shot. The game then resolved itself into a bombardment of the Bart.'s goal, Marshall scoring twice and Ash once, Marshall's last shot being a very fine one. The score, 6 to 0, would have been increased if it had not been for the good goal-keeping of Bart.'s. Teams:—

GUY'S.—Barker (goal); J. L. Payne, H. Grose (backs); G. Marshall (half-back); G. Evans, C. B. Sells (centre), J. R. S. Ash (forwards).

BART.'s.—Winder (goal); F. G. Richards, E. M. Niall (backs); F. Littler-Jones (half-back); A. M. Amsler, W. Fay Bennett (centre), G. B. Nicholson (forwards).

CUP TIE PROSPECTS.

Owing to there being no polo teams at many of the hospitals this year, there will have been only three Cup ties. London v. St. Bart.'s was won by the latter by 4 goals to 1. Guy's, having beaten Bart.'s on the 15th in the semi-final, has now to play St. Thomas's at the Bath Club, Piccadilly, on the 21st, in the final. We have a very fair team this year, the only team of whom we were at all afraid being St. Bart.'s.

Our goal-keeper, Barker, is very safe, especially in a tight corner.

The backs, H. Grose and J. L. Payne, are very trustworthy and stick to their men.

At half-back, G. Marshall is a host in himself, being a Surrey County player.

And the forwards, G. Evans, J. R. S. Ash and C. B. Sells, are very useful, but should learn to pick the ball up quicker and not get bunched up in front of goal.

The honorary secretary, in a few days, will have a *limited* number of tickets at his disposal for those who wish to see the final Tie, which will be played at the Bath Club on July 21st, for which favour we are much indebted to Mr. Fripp. As the tickets will be limited, they will be distributed in order of application, which should be made to the honorary secretary,

C. B. SELLS.

Cricket.

GUY'S v. ST. LAWRENCE.

Played at Canterbury on Saturday, July 3rd. Guy's lost the toss, and St. Lawrence batting first on a perfect wicket put together 279 for five wickets and declared, Edwards playing a fine innings of 111. The Guy's fielding was much below its usual form.

Guy's only started moderately well and the first four wickets fell for 72, but then Durbridge and Brydone get together and carried the score to 181, when Brydone was caught for a good innings of 52, just before time. Durbridge played a vigourous innings of 55 not out, which included ten fours. Scores:—

ST. LAWRENCE.

A. Latter, b Clarke	46
Major Matthews, b Clarke	26
Easby, c Goddard, b Clarke	76
A. C. Edwards, st Humphry, b Nicholls	111
J. Dean, b Joy	5
J. H. Joyce, not out	0
Extras	15
Total for 5 wickets	279

Innings declared closed.

Hunt, C. E. Harris, H. R. Blore, L. E. Bligh, and P. Godfrey did not bat.

GUY'S.

A. E. Clarke, c Easby, b Hunt	19
K. B. Alexander, b Joyce	19
F. J. Nicholls, c Latter, b Bligh	15
L. Humphry, b Joyce	12
J. M. Brydone, c Blore, b Bligh	52
H. Durbridge, not out	55
Extras	9
Total for 5 wickets	181

G. P. Joy, M. C. Wetherell, F. D. S. Jackson, E. G. Goddard, F. C. Wetherell did not bat.

GUY'S v. REIGATE PRIORY.

Played at Reigate on Wednesday, July 7th. Reigate, who were three short, won the toss; and, batting first, were dismissed for the small total of 77.

Guy's, who were one short, put together the large total of 414 for eight wickets. Clarke played a good innings of 167, which included twenty-seven fours; and Nicholls scored his 50 in twenty minutes, hitting one five and eight fours. The rest of the team all scored freely. Scores:—

REIGATE PRIORY.

F. J. Nightingale, b Clarke	2
R. C. Bovill, c Nicholls, b Clarke	15
W. G. Walby, b Joy	6
E. L. Trower, b Joy	16
H. Dungate, c Durbridge, b Joy	23
F. W. S. Brabham, not out	5
H. Budgeon, c Nicholls, b Clarke	0
Garne, c Cowper, b Joy	10
Extras	0
Total	77

GUY'S.

A. E. Clarke, b Garne	167
K. B. Alexander, c Garne, b Bovill	26
F. C. Wetherell, b Budgeon	34
F. J. Nicholls, c & b Garne	50
J. M. Brydone, b Trower	27
H. Durbridge, c Dungate, b Garne	13
G. P. Joy, b Nightingale	37
F. D. S. Jackson, c Bovill, b Nightingale	28
C. Cowper, not out	23
Extras	9
Total for 8 wickets	414

W. I. Hancock did not bat.

GUY'S v. HORNSEY.

Played at Hornsey on Saturday, July 10th. Hornsey won the toss, and batting first put together 174 runs, out of which number the last wicket was responsible for 53, thanks to some hard hitting by Collingridge.

Guy's who were one short could only make 132, out of which total Wetherell made 41 and Nicholls 33, and thus were beaten by 42 runs. Scores:—

HORNSEY.

	1st Innings.		2nd Innings.
R. W. Nicholls, c Featherstone, b Clarke	17	c Clarke, b Nicholls	19
A. E. Earnshaw, lbw b Joy	9	b Clarke	71
L. Orton, b Nicholls	22		
F. B. Dent, c Nicholls, b Clarke	9	not out	2
H. Collett, c Nicholls, b Clarke	3		
D. Nimmo, c Featherstone, b Joy	7		
F. W. Sloper, b Clarke	33		
E. F. King, b Joy	4	not out	20
F. Orton, c Clarke, b Nicholls	12		
E. W. Nicholls, b Joy	2		
H. Collingridge, not out	43		
Extras	13		2
Total	174	For 2 wickets	114

GUY'S.

A. E. Clarke, b Earnshaw	26
K. B. Alexander, b Dent	5
F. C. Wetherell, b King	41
F. J. Nicholls, b Collett	33
J. M. Brydone, b Earnshaw	11
G. P. Joy, c L. Orton, b Earnshaw	3
F. D. S. Jackson, c Collingridge, b Earnshaw	0
F. R. Featherstone, b Earnshaw	0
R. T. Fitz-Hugh, not out	0
E. D. Hancock, b Earnshaw	3
Extras	10
Total	132

PRESENT POSITION OF THE INTER-HOSPITAL CRICKET CUP-TIE.

St. Bart.'s, London	St. Bart.'s		University
University, Charing Cross	University		
St. Thomas's	—	—	St. Thomas's
King's	—	—	
Guy's	—	—	Guy's
St. Mary's	—	—	
Middlesex	—	—	?
Westminster	—	—	

United Hospitals' Sports.

ST. MARY'S AGAIN SECURE THE CHAMPIONSHIP

OFFICIALS.—President: Mr. H. H. Clutton, F.R.C.S. Judges: Messrs. H. M. Fletcher, M.D., J. G. Turner, F.R.C.S., H. A. Munro, M.D., and A. A. Bowlby, F.R.C.S. Referee: Mr. S. K. Holman. Clerks of the Course: Messrs. G. R. Turner, F.R.C.S., P. Furnivall, F.R.C.S., J. S. Sloane, F.R.C.S., P. W. James, B. C. Green and J. H. Bryant, F.R.C.P. Starter: Mr. C. L. Lockton. Timekeeper: Nat Perry.

Some capital performances were witnessed at the thirty-first annual meeting of the United Hospitals at Stamford Bridge on Saturday, and three old-established records were beaten, in each case by a St. Mary's man. The programme was made up of eleven Challenge Cup events, the hospital securing the most wins taking the splendid Challenge Shield. Last year St. Mary's Hospital obtained the holdership from Guy's, and they were decided favourites for the present meeting, seeing that they had the champion jumper, C. E. H. Leggatt, and other well-known performers assisting. The heats of the 100 Yards, 220 Yards, Quarter and Hurdles were run off on Wednesday, so that the conditions were alike for all. St. Mary's were not represented in the sprint and 220 Yards, both of which went to H. C. Woodyatt, who was followed in each case by our Scottish champion F. Sime. Although there was no wind the times were not particularly fast. A. G. Butler started scoring points for St. Mary's by taking the Half-Mile, and with Leggatt an easy winner at the High and Long Jumps, that hospital stood three points up. R. C. Leaning, the holder of the Mile, went down before the Cantab, W. V. Wood, but record performances at the Hammer and in the Quarter by C. Graham and Butler settled the destination of the shield for another twelve months. Wood also won the Three Miles Race. He ran with excellent judgment in both events, but in the longer distance, the holder, Le Vaughan, made a hard fight of it. At the finish it was found St. Mary's had scored five firsts, the nearest approach to their record being St. Bartholomew's with two firsts and four seconds. University, of course, had the two sprints to its credit; but Guy's is probably justified in claiming third place with four seconds. It was most unfortunate that F. E. Walker was unable through illness to run, as he would at least have given Butler a very hard race in both the Quarter and Half; and there was always an off-chance that he might have secured a first place in one of those events. At the conclusion of the sports, the prizes, silver and bronze medals, were presented to the winners, amidst hearty cheering from medical friends and others present, by Mrs. A. O. Mackellar, wife of a vice-president.

100 YARDS CHALLENGE CUP (holder, H. C. Woodyatt, University; time, 10⅗ sec).—Final heat: H. C. Woodyatt, University, 1; F. Sime, Guy's, 2; N. J. Roche, Charing Cross, 3; N. S A. Harrison, St. Thomas's, 0. The holder had a hard race and won, we believe, by a foot from the Scotch champion; a yard between second and third. Time 10¼ sec.

HALF-MILE CHALLENGE CUP (holder, A. G. Butler, St. Mary's; time, 2 min. 2⅘ sec.).—A. G. Butler, St. Mary's, 1; D. H. Trail, Guy's, 2; F. F. Elwes, Middlesex, 3. Trail made the pace until entering the straight, when the holder came away and won by twelve yards; eight yards between second and third, Trail running a very plucky race. Time, 2 min. 4⅘ sec.

PUTTING THE SHOT (holder, W. F. Bennett, St. Bartholomew's; distance 34ft. 0½in.).—N. S. A. Harrison, St. Thomas's, 36ft. 10in., 1; W. F. Bennett, St. Bartholomew's, 35ft., 2; J. A. West, St. Bartholomew's 34ft. 10in., 3. Five others competed, including C. T. Hilton and D. H. Trail from Guy's.

120 YARDS HURDLE RACE CHALLENGE CUP (holder, H. N. Coltart, St. George's; time, 17¼ sec.).—H. N. Coltart, St. George's, 1; A. F. Allfrey, St. Thomas's, 2; C. C. Simson, London, 3. Coltart knocked his first hurdle down and Simson took the lead, but once he was going the holder drew up, and his rivals failing to clear the last obstacle he won by two yards from Allfrey. Time, 17 sec.

220 YARDS CHALLENGE CUP (holder, H. C. Woodyatt; time, 22½ sec.).—H. C. Woodyatt, University, 1; F. Sime, Guy's, 2; N. J. Roche, Charing Cross, 3; F. F. Elwes, Middlesex, 0; H. J. Relph, Middlesex, 0; G. H. Coltart, Westminster, 0. Woodyatt again showed a clean pair of heels to Sime, whom he beat by a yard and a half, with Roche, third, two yards behind. Time 22¾ sec.

HIGH JUMP (holder, C. E. H. Leggatt, St. Mary's, 5ft. 7in.).—C. E. H. Leggatt, 5ft. 8¾in., 1; C. B. Adams, Middlesex, 5ft. 6¾in., 2; N. S. A. Harrison, St. Thomas's, 5ft. 4¾in., 3; G. W. Stone, St. Bartholomew's, 0; G. T. Willan, Guy's, 0. The amateur champion, it will be noticed, created a new hospital record.

THROWING THE HAMMER (holder, W. F. Bennett, St. Bartholomew's; distance, 92ft. 1½in.).—C. Graham, St. Mary's, 102ft. 6in. (record), 1; W. F. Bennett, St. Bartholomew's, 96ft., 2; M. D. Wood, Guy's, 0; J. A. West, St. Bartholomew's, 0.

ONE MILE CHALLENGE CUP (holder, R. C. Leaning, St. Mary's; time, 4 min 42⅘sec.).—W. V. Wood, St. Bartholomew's, 1; F. S. Batchelor, Guy's, 2; R. C. Leaning, St. Mary's, 3; H. E. Gray, Westminster, 0; J. F. Cunningham, St. Thomas's, 0; E. F. Fisher, London, 0; A. E. Oakley, Middlesex, 0; J. F. Forbes, St. Bartholomew's, 0; R. M. Barron, Guy's, 0. Cunningham went off with the lead and made the pace until well into the second lap, when Leaning passed him, followed by Forbes, with Wood third and Batchelor fourth. They ran in this order for half a mile, and then Batchelor made a spurt and rushed to the front. Two hundred and fifty yards from home Leaning came again with Wood at his heels, and entering the straight a fine race for the lead took place. The Light Blue had a lot of running in him, and getting in front of Leaning, who was also passed again by Batchelor, he drew out and won by five yards, with the holder of the cup beaten off by another four yards. Forbes finished fourth. Time, 4min 38sec.

440 YARDS CHALLENGE CUP (holder, A. G. Butler, St. Mary's. Time, 53sec.)—Final heat: A. G. Butler, St. Mary's, 1; S. Masor, St. Bartholomew's, 2; C. Hilton, Guy's, 3; E. A. Longhurst, Guy's, 0. Butler took the lead after going fifty yards, cannoning past Mason, and he won all out by a dozen yards; three yards between second and third. Time, 51⅘sec; record for the sports.

LONG JUMP (holder, C. E. H. Leggatt, St. Mary's. Record, 22ft. 8in.).—C. E. H. Leggatt, St. Mary's, 22ft. 1in, 1; C. C. Simson, London, 21ft 0½in., 2; C. B. Adams, Middlesex, 19ft 11in, 3; N. S. A. Harrison, St. Thomas's, 19ft 9in, 4; G. T. Willan, Guy's, 0; H. A. Higgens, Guy's, 0.

THREE MILES CHALLENGE CUP (holder, A. E. Vaughan, St. Bartholomew's, 16 mins. 10⅘ secs.).—W. V. Wood, St. Bartholomew's, 1; A. Le Vaughan, St. Bartholomew's, 2; A. F. Page, St. Bartholomew's. 0; R. C. Leaning, St. Mary's, 0; W. L. Baker, Guy's, 0; F. E. Fremantle, Guy's, 0; R. M. Barron, Guy's, 0. One by one the field was reduced, until at the completion of the second mile only Wood and Vaughan remained on the track, the first-named making the pace at an easy gait. Vaughan stuck to his man, and made an effort to take the lead in the straight. He did get by, but not for long, as sixty yards from home Wood passed him again, and won, running strongly to the end, by four yards. Time, 16 mins. 6⅘ sec.

CHAMPION HOSPITALS.

1867	Guy's	1883	St. Thomas's.
1868	St. George's.	1884	London.
1869	King's.	1885	St. Bartholomew's.
1870	King's.	1886	St. Bartholomew's.
1871	Guy's.	1887	St. Bartholomew's.
1872	Guy's.	1888	St. Bartholomew's.
1873	St. Bartholomew's.	1889	St. Bartholomew's.
1874	King's.	1890	St. Bartholomew's.
1875	St. George's.	1891	St. Bartholomew's.
1876	St. George's.	1892	Guy's.
1877	Guy's.	1893	Guy's.
1878	Guy's.	1894	St. Bartholomew's.
1879	St. Thomas's.	1895	Guy's.
1880	St. Thomas's.	1896	St. Mary's.
1881	St. Thomas's.	1897	St. Mary's.
1882	St. Thomas's.		

THE FOLLOWING ARE THE INTER-HOSPITAL RECORDS.

100 yards—10⅕ sec., 1868; B. B. Conolly, Guy's.

Half-mile—2 min. 0⅖ sec., 1895; A. G. Butler, St. Mary's.

Shot—38ft. 3in. 1889; W. G. West, St. Bart's.

Hurdles—16⅖ sec., 1894; J. Johnson, St. Bart's.

220 yards—22½ sec., 1896; H. C. Woodyatt, University.

High Jump—5ft. 8¾in., 1897; C. E. H. Leggatt, St. Mary's.

Hammer—102ft. 6in., 1897; C. Graham, St. Mary's.

Mile—4 min. 31⅘ sec., 1895; H. A. Munro, Guy's.

Quarter—51⅖ sec., 1897; A. G. Butler, St. Mary's.

Long Jump—22ft. 8in., 1896; C. E. H. Leggatt, St. Mary's.

Three miles—15 min. 16 sec., 1894; H. A. Munro, Guy's.

The records beaten were those made by H. T. S. Bell, Guy's (High jump, 5ft. 8in. in 1893); J. E. Frazer, St. Bart's (Hammer, 94ft. 10in., in 1890); and T. A. Guinness, King's (Quarter, 51⅘ sec. in 1880).

Guy's Hospital Lawn Tennis Club.

GUY'S v. THE LONDON HOSPITAL.

CUP TIE.

This, the first round of the Inter-Hospital Cup ties, was played off on Monday, June 21st, at Chiswick Park, after a very exciting match. Guy's won by 8–7.

Singles.—N. Williams lost to C. C. Simson, 4–6, 7–9 Alexander lost to A. E. Gilmore, 2–6, 1–6; Rowland beat R. Norman, 9–7, 6–1; Wetherell lost to R. Howard, 4–6, 3–6; Lacey lost to Hutcheson, 8–6, 3–6, 4–6; Mandy lost to H. Glasier, 4–6, 6–4, 4–6.

Doubles.—Williams and Rowland beat Simson and Gilmore, 6–4, 6–4; beat Norman and Howard, 7–5, 6–4; beat Hutcheson and Glasier, 1–6, 6–4, 6–2. Alexander and Wetherell lost to Simson and Gilmore, 4–6, 3–6; beat Norman and Howard, 3–6, 7–5, 11–9; beat Hutcheson and Glasier, 6–3, 6–4. Mandy and Lacey beat Norman and Howard, 7–5, 6–4; beat Simson and Gilmore, 4–6, 6–2, 6–4; lost to Hutcheson and Glasier, 6–8, 3–6.

GUY'S v. ST. GEORGE'S.

Cup Tie.

This match was played on June 23rd at Chiswick Park, and resulted in a defeat for the Hospital by seven matches to 8.

GUY'S v. WEIGHTON.

Played at Weighton on July 3rd, and resulted in a win for the Hospital by five matches to four.

Williams and Rowland lost to Metcalf and Noakes, 8–6, 4–6, 1–6; beat Evans and Gibson, 6–3, 6–1; beat Lindup and Wilson, 6–1, 5–7, 6–3. Mandy and Lacey beat Evans and Gibson, 6–4, 17–15; beat Wilson and Lindup, 9–7, 6–3; lost to Metcalf and Noakes, 3–6, 4–6. Ransford and Fremantle beat Lindup and Wilson, 6–3, 1–6, 6–2; lost to Metcalf and Noakes, 3–6, 4–6; lost to Evans and Gibson, 6–3, 7–9, 4–6.

The draw for the third round of the Hospital Championship Cup competition is as follows:—

1. K. B. Alexander v. F. Cross.
2. F. D. Turner v. N. Williams.
3. G. T. Willan v. A. C. Ransford.
4. P. S. Mandy v. J. R. S. Ash.

Fourth Round.

K. B. Alexander v. N. Williams.

Winner of 3 v. Winner of 4.

In the third round Alexander beat Cross, 6–3, 1–6, 6–0; Williams, w. o.

Fourth round Williams beat Alexander, 6–1, 6–4.

The singles handicap tournament is at last nearing an end. Alabone and Lacey seem to have made the running so far.

From the Gazette's Special Pathologist.

All specimens—particularly those of solid tissues—should be accompanied, if possible, by a short clinical and post-mortem history, and a postal order for 2s. 6d. An extra charge of 6d. per slide is made when prepared sections are to be forwarded.

All specimens to be addressed to the Gazette Pathologist, Medical Office.

Diphtheria specimens are to be labelled *Immediate*.

Postal Orders to be made payable to Mr. C. H. Wells.

NOTICES.

H. L., Salford.—The tumour consists of glandular tissue embedded in a soft vascular stroma. From the abundance of this stroma, its nucleation, and the embryonic character of the vessels, it is highly probable that the tumour is an adeno-sarcoma.

E. D. H. H., Shortlands.—After incubation Klebs-Löffler bacilli were found on the blood-serum in pure culture.

H. L. S., Manchester.—The growth is a carcinoma, probably starting in the antrum and gradually expanding the superior maxilla.

A. R. T., St. Leonards.—This does not seem to be a case of primary rupture of the ventricle, for there seems to have been no blood in the pericardium, and the external opening apparently does not communicate with the interior of the ventricle. The coronary arteries are very atheromatous, and there is considerable hæmorrhage into the fat on the surface near the rupture around one of them. The diagnosis seems to be ruptured coronary artery. The heart muscle is in a condition of pigmentary degeneration.

H., Reigate.—Tubercle bacilli are present in large numbers in the sputum.

A. E. P., Loughborough.—No tubercle bacilli could be found in the sputum.

PATHOLOGIST.

Appointments.

CIVIL.

Byford, W. F., L.R.C.P. Lond., M.R.C.S., has been appointed Assistant Medical Officer for the Workhouse of the Nottingham Parish.

Shillitoe, Arthur, M.B., B.C. Camb., F.R.C.S. Eng., has been appointed Surgeon to Out-patients at the London Lock Hospital, *vice* Jonathan Hutchinson, junr., resigned.

Stephens, L. E. W., M.R.C.S. Eng., L.S.A., has been appointed Medical Officer for the Third District of the Havant Union.

Marriage.

COLEMAN—CHARLES.—On June 23rd, at St. Mark's Church, Battersea, S.W., James Jordan Coleman, M.B. Lond., M.R.C.S., L.R.C.P., of The Laurels, Bridlington Quay, Yorks., to Rhoda Mary, third daughter of the late M. Charles, Esq., of Trinity House, and half-cousin of the Hon. Sir A. Charles.

Death.

PRIME.—By cablegram from the Niger Territories, West Central Africa, Charles Joseph Prime, L.R.C.P. Eng., M.R.C.S., late of Upper Tooting, aged 31, eldest son of the late Charles Prime, M.T.C.E. Ceylon, P.W.D.

Ed.—F. E. F.

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Calendar of Coming Events.

July.

Sat. 31.—G. H. B. C. ... Rochester, "Marquis of Granby."
Hos.-Sch. C. C. Corpus Christi Mission, Lindon Field.
G. H. L. T. C. ... Boundaries, away.
Brixton Wanderers II., home.

August.

Sun. 1.—Mr. Howse's take-in; Ds. R. J. Pritchard and H. S. Crapper; Cl. M. H. Way.

Mon. 2.—Bank Holiday. Medical Office Closed.

Wed. 4.—Mr. Davies-Colley's take-in; Ds. J. T. De Coteau and W. S. Richardson; Cl. H. T. Hicks.

Thur. 5.) G. H. C. C. v. University College Hospital.
Fri. 6.) Final of Cup-tie. Winchmore Hill.

Sat. 7.—G. H. L. T. C. ... Dr. Goodall's Team, home.
Hos.-Sch. C. C. ... Strand House, Ivy.

Wed. 11.—Mr. Lucas' take-in; Ds. F. E. Walker and E. W. S. Rowland; Cl. F. A. Godson.

Sat. 14.—Hos.-Sch. C. C. ... Caterham Star, Caterham Valley.

Wed. 18.—Mr. Golding-Bird's take-in; Ds. H. E. C. Fox and T. H. W. Landon; Cl. C. P. Weekes.

Sat. 21.—G. H. L. T. C. ... Albemarle, home.
Hos.-Sch. C. C. ... Melville, Ivy.

Guy's Hospital Gazette,

JULY 31, 1897.

Two Cases of General Suppurative Peritonitis.

CLINICAL LECTURE BY MR. DUNN,
JULY 9TH, 1897.

GENTLEMEN,—I am going to talk about that very acute and serious disease, Acute Suppurative Peritonitis, and for illustration I will refer to two cases which we brought to a successful issue in the wards of Guy's Hospital. We are constantly getting such cases, both in the clinical and the general wards, and although we cannot as a rule do very much, yet we can sometimes save life by operation.

The disease is an acute infective process, and may take origin in two ways:—

i. If it starts from the intestine it is due to the bacillus coli.

ii. If from without it is caused by streptococci or staphylococci.

When dealing with the bacillus coli, you must remember that it is a very curious individual indeed. It lives in the intestine, and if you obtain a pure cultivation from the healthy intestine you can inject it into the peritoneal cavity of experimental animals without ill effects; but if taken from diseased intestine the bacillus gives virulent cultivations, and if such cultivations are injected the result depends on the dose. A small dose is followed by diarrhœa; a medium-sized dose by peritoneal abscess and some constitutional disturbance; while after a very large dose there is general intoxication.

It is not at all necessary for the intestine to be perforated to allow this microbe to produce its evil effects. With regard to the commonest cause of suppurative peritonitis, namely, a diseased appendix, it is an axiom that, if there is no indication that a perforation, *e.g.*, of a gastric ulcer, exists, the incision should be made over the cæcum in operating.

In septic abdominal wounds a different organism produces the same result.

Symptoms.—There is a sudden onset, possibly with a rigor; great pain all over the abdomen. A patient once described this pain to me as comparable to that caused by a rope tied round his waist and being twisted tighter every moment. Vomiting is an important symptom, the contents of the stomach being first brought up, then bilious vomit, and later stercoraceous material. It is perfectly useless to attempt to stop the vomiting by applying icebags to the nape of the neck. It is best to operate; remove the appendix, and thoroughly clean the peritoneal

cavity. The books say that patients look pinched, and sometimes you do see them with that appearance. They lie on the back, the legs drawn up. The surface of the abdomen is frequently tender; it is not necessarily so, but when present it is an important sign.

The abdomen is at first contracted, and later becomes distended, tense, and tympanitic. You know that inflamed muscle is always paralysed, and so it is with the muscular tissue of the intestinal wall: it is paralysed, and allows the intestine to become distended with gas.

The state of the pulse forms one of the most important symptoms of the lot. If with some of the above symptoms you find a pulse-rate of 90, you may say that suppurative peritonitis is not present. With that disease the pulse is from 120 to 140, and is "running" and "wiry." The extremities are cold, but it is quite useless to worry about the temperature, which may or may not be raised. It may have reached 102° before the peritonitis came on, and then fallen to subnormal.

The intestines are constipated, flatus passes but little; diarrhœa may appear as a late symptom, and is a point of diagnosis from intestinal obstruction.

CASE I.—A boy, J. R. T., aged 12, was admitted into Lazarus on Monday, December 14th, 1896. He appeared to have enjoyed good health until the preceding Friday, when he was attacked with vomiting and pain in the abdomen. His mother, thinking it to be due to simple colic, administered some compound rhubarb pills, which produced diarrhœa, but in no wise diminished the pain and sickness. She discovered a small lump in the right groin which she felt certain had not previously existed. The boy becoming worse, he was brought up to the hospital and admitted, on the supposition that he was the subject of a strangulated femoral hernia. The dresser immediately came and asked me to see the case, mentioning the diagnosis he had made. This I at once disputed, firstly on the ground that a strangulated femoral hernia was a very rare occurrence in a boy of that age, and secondly from the fact that he was suffering from diarrhœa. However, we went and saw the patient. He was a small, delicate-looking boy, with a rather pinched face and anxious expression. His abdomen was very rigid, and extremely tender to the touch; the knees were flexed. There was a small almond shaped body in the right groin, too far external to be a femoral hernia, which I pronounced to be an enlarged lymphatic gland, despite the fact that the dresser declared that the swelling had been four times the size that it then was some half hour previously in the surgery. To confirm my opinion I searched the lower extremity of that side, and found a patch of apparently tubercular ulceration below the knee. The pulse was very rapid and feeble, and the respirations were entirely thoracic. He had vomited a small quantity of brownish fluid, which, however, had no fæcal odour. Thinking the case to be one of general peritonitis, probably starting from the appendix, we called in the physician. In the absence of Dr. Washbourn, Dr. Shaw kindly saw the case, agreed with the diagnosis, and recommended an immediate laparotomy. This was accordingly done in the operating theatre, after taking due precautions to avoid shock by heating the table, wrapping the patient in hot blankets, injecting brandy, etc. Anæsthesia was produced by the A.C.E. mixture, and the surface of the abdomen cleaned as rapidly as possible. As there seemed to be slightly more resistance in the right inguinal region than elsewhere, the usual incision for exposing the cæcum was made. This incision, I may say in parenthesis, like that for inguinal colotomy on the opposite side, passes through the lower point of trisection of a line joining the umbilicus with the anterior superior spine. The peritoneum was rapidly reached and divided. The cæcum was found to be somewhat adherent to the parietes, and to be covered with recent lymph. A search was made for the appendix, which was found with its free extremity firmly embedded in an indurated mass of omentum. A perforation with ragged edges was seen about an inch behind the free extremity, and a hard concretion was felt slipping freely about between the cæcal orifice and the perforation. The mass of omentum enclosing the free extremity was separated with the blunt dissector from the rest of the omentum and the appendix removed close to the cæcum. The meso-appendix was ligatured and divided, a circular incision was made through the peritoneum, covering the appendix at a point about one and a quarter inches from the cæcum; this cuff of peritoneum was stripped back towards the cæcum for about three-quarters of an inch, and then the denuded appendix was encircled with a silk ligature as near to the cæcum as the reflected peritoneum would allow, and the portion distal to the ligature removed with scissors. The ends of the ligature were cut short, and the peritoneal cuff drawn forward and also ligatured in the same way with silk. The peritoneal cavity was next explored through the abdominal wound, and a

large quantity of pus was found in the neighbourhood of the right kidney, in the pelvis, and amongst the small intestines. Large quantities of boiled water at 105°—and for this purpose it should never be below that temperature—were poured from a jug into the wound, and thus the very foul-smelling pus was washed away. The pelvis and the rest of the peritoneal cavity was cleansed as far as possible by means of a glass funnel, tube, and glass nozzle, down which the sterilized water was freely poured. Several coils of small intestine in turn presented at the wound, each covered by a thick yellow coating of lymph, so tenacious that it could not be removed either by rubbing with a sterilized swab or by picking with the finger and thumb. Then, as to drainage, you can choose between the old method with Keith's glass tube with perforated sides, the large perforated rubber tubes, and the method we tried in this case, namely, strips of iodoform gauze. Three long strips of iodoform gauze, soaked in lysol, and three inches wide, were placed in the peritoneal cavity. One reached to the right kidney, the second was carried right across the abdomen to the left side, and the end of the third reached to the bottom of the rectro-vesical pouch. The first was brought out at the upper angle of the wound, and the other two at the lower angle. The central portion of the wound was closed by three rows of continuous suturing, the deepest uniting the cut edges of the peritoneum, the next the muscles, and the superficial row the skin. The surface of the wound was covered with an abundance of gauze and blue wool, these dressings being secured by a many-tailed bandage.

The patient was hurried back to bed and wrapped in hot blankets. A stimulating nutrient enema was given, and one-sixth of a grain of morphia injected subcutaneously. He was fairly comfortable during the night, and did not have any vomiting. The next day he complained loudly of abdominal pain, which was relieved by Tr. Opii. ɱx. 6tis horis. The pulse varied from 120 to 130 per minute, and the temperature rose to 99° F.

The dressings were not changed for two days, as nothing had come through. When they were removed the gauze strips were found to be dry, and on withdrawing them a collection of watery pus was let out. This apparently had accumulated behind the strips which went down into the pelvis, and accordingly drainage tubes were substituted for the strips.

The patient did not seem to gain ground, in spite of the fact that he was taking milk and stimulants freely. His pulse remained feeble and at about 120, and his temperature rose to 101° F. or higher every evening, and he was getting thinner. The abdomen was getting much more supple, and could be palpated without causing much pain.

As it seemed clear that there was another collection of pus in the peritoneal cavity, judging from the persistent rise of temperature and generally unsatisfactory condition, he was anæsthetised on the morning of December 26th. It was thought that the collection was situated in the left loin in the neighbourhood of the spleen, as this region was tender, and appeared unusually bulging; but on careful palpation a firm mass was felt deeply in the left iliac fossa. An incision was therefore made over this region similar to that employed for an inguinal colotomy. The peritoneum was reached, and required great care in dividing it, owing to the adhesion of a coil of intestine immediately beneath the incision. This was easily separated, and the splenic region was explored with the finger. No collection was encountered, and indeed there appeared to be very few adhesions in this part of the abdominal cavity. Having shut this off with tampons of iodoform gauze, the iliac fossa was next attended to. Many coils of small intestine were here firmly adherent to one another, and through them a sense of fluctuation was perceptible. The process of separating the coils was tedious, and caused considerable bleeding, but at length our efforts were rewarded by the evacuation of about half a pint of very foul pus. The cavity was washed out with boiled water, and a broad strip of iodoform gauze, together with a drainage tube, placed in it. The other tampon of gauze was removed, and the upper angle of the wound closed with deep and superficial stitches. Dressings were applied, and the patient put back to bed.

After this second operation the patient was somewhat relieved, and the wound drained freely. The iodoform gauze was removed on the second day, but the drainage tube was left in place. He had a good deal of pain, which again was relieved by Tinct. Opii. The pulse rate was lowered to between 100 and 110 per minute, but the temperature remained raised, although not quite so high as before. He took his nourishment well, and seemed to improve until December 30th. On this day he had more pain, and the evening temperature was 103° F., while the pulse went up to 120. During the succeeding week his progress was anything but satisfactory. The temperature in the evening

was usually above 102° F., and rarely touched the normal line in the morning. The pulse rate continued high, and he disliked taking his nourishment. He was getting weaker, and his friends opposed further operative interference, and indeed, we did not contemplate another operation. As we had no evidence as to where the collection of pus was located, we decided against any extensive search for it on account of his condition. On January 6th he experienced great abdominal pain, and the discharge from the second operation wound, which had hitherto been slight, became profuse and watery—so profuse that it soaked through the wool dressings and saturated the draw-sheet, and so watery that the dresser could not make up his mind whether the urinary bladder had given way, or whether the lotion with which he syringed the wound had previously collected and then suddenly evacuated. The patient's condition was now most grave. He was constantly vomiting, bathed in a profuse perspiration, with a feeble, rapid pulse and a subnormal temperature. The abdomen was tender and rigid, especially in the neighbourhood of the second operation wound. The watery discharge continued the whole day, and the dressings had to be changed frequently. He was fed by nutrient enemata, and by teaspoonfuls of peptonised milk given by the mouth. There was no improvement the next day, and it was noticed that the discharge contained yellowish matter having a fæcal odour. It was now clear that the intestine had given way, so we removed the drainage tube and ceased to syringe the wound. For the next few days he hovered between life and death, but by dint of stimulants, rectal feeding, and repeated small doses of peptonised milk by the mouth, he began to improve. The fæcal discharge was at first profuse, irritated the surrounding skin, and thus added to his miseries. On January 12th a large round worm was discharged on the dressings. The vomiting and the other troubles gradually ceased, and he was fed more by the mouth and less by the rectum until the latter method was entirely discarded. The temperature remained subnormal, and the pulse rate was reduced to 100 per minute. On January 25th the wounds had quite healed, the abdomen was perfectly supple, the bowels acted regularly, and the appetite was good. He had gained greatly in flesh, and took considerable interest in his surroundings.

The patient had been up and about for a month when he was shown at the South London branch of the British Medical Association, which met at Guy's on February 24th. It was noticed that the abdomen was very pendulous, that there was a hernia from the first operation wound, and that all the viscera, including the liver, seemed to be displaced downwards.

The other case which I have to bring before you was that of a girl, Ethel K., aged 14, who was admitted into Miriam ward under the care of Dr. Washbourn on July 29th, 1895. For a few months before admission she had been the subject of vomiting and of pain in the abdomen. The pains were not localised to any particular spot in the abdomen, and were exaggerated by taking food. The patient had been performing rather severe manual labour, having been obliged to turn a mangle for a considerable time every day. On July 22nd she went to work as usual. When she was returning home in the evening she was seized with a sudden and very violent pain in the abdomen, which caused her to become quite faint and collapsed. She was picked up in the street and taken to St. Giles' Workhouse Infirmary. There she remained until Monday, July 29th, and in the meantime was treated with salines. She was sick, and had her bowels opened on Monday morning. Opium was given for the first time at 11 o'clock on that day, and a second dose at 3 p.m. Dr. Pitt saw the patient on Monday evening, and he advised her immediate removal to Guy's Hospital. She was admitted at 8 p.m.

On admission, the patient lay on her back, complaining of a constant agonizing pain in the abdomen. The knees were flexed, the abdomen distended and very tender to the touch, not moving at all with respiration. There was dulness on light percussion over the right inguinal region. The temperature was 104° F., and the pulse 120 per minute, not wiry, and of fair power.

I saw the case at 10.45 p.m., and advised immediate operation. The abdomen was cleaned under an anæsthetic, and the limbs swathed in cotton wool. On palpation there was some fulness in the right inguinal region, so that it was thought best to make the usual incision for exploring the appendix cæci. On opening the peritoneum some foul pus escaped, and this was quickly washed away by means of hot water poured from a jug. The cæcum was covered with lymph, but since the appendix could not be seen, it was thought wiser not to make a prolonged search for that organ. Having washed and sponged the cavity clean, some of the recent adhesions were broken down and the general peritoneal cavity was explored. A large quantity of very fœtid pus was evacuated from

the cavity of the pelvis and from amongst the intestines, which were covered with yellowish tenacious lymph. The glass nozzle was fitted to the irrigator, and the whole peritoneum thoroughly washed with boiled water at 105° F. A large rubber drainage tube was placed in the lower angle of the wound, of which the upper part was sutured, and dressings were applied.

The patient recovered well from the shock of the operation, and seemed fairly comfortable the next day. She took her allowance of milk readily, and only occasionally complained of pain. The vomiting had greatly diminished in frequency. The tube drained very well, but the pulse remained rapid. For a few days she maintained the improvement, but the temperature was raised every evening. Then she began to go downhill; the excursions of the temperature were more marked; she became very thin; the tongue dry and brown; and lastly more pain developed over the abdomen despite morphia injections. Diarrhœa set in, and it seemed quite clear that, if nothing further were done, she would succumb.

On August 8th, she was again put under the influence of an anæsthetic, and the abdomen was opened in the median line between the umbilicus and the symphysis pubis. A large collection of foul pus was evacuated from the pelvis. The cavity was irrigated with hot boiled water, and iodoform emulsion was poured into it. After a final flushing with hot water, a Keith's glass tube was put in, reaching right down to the bottom of the cavity, and the wound narrowed around its upper end. After this operation she was much relieved, the diarrhœa ceased, and the temperature became lower. She continued to improve, the wounds ceased discharging and healed, and she left the hospital for a convalescent home on September 17th.

Before retiring, gentlemen, I may say that cases of general suppurative peritonitis as a rule die. An important point to notice, therefore, in my two cases, is that both patients were young. In each case the primary trouble was with the appendix, and in both a second operation was necessitated by the adhesions and by the natural difficulties which stand in the way of cleansing the peritoneum. Mr. Herbert Durham has found thousands of the bacilli coli in the great omentum when the remainder of the peritoneum was sterile; and it is an utter impossibility to get them out of the great omentum, or to kill them in it. Then again the peritoneum is difficult to drain, from the habit of the intestines of moving across the tube and blocking its mouth. On the whole, the best course to pursue is operative, although one does occasionally hear of cases which recover without surgical interference.

Hospital News.

CLASSIFIED LIST OF CASES.

In the Medical Wards.

Circulatory System.

PHILIP	8.	? Aneurysm.
	9.	Hypertrophied heart. Mitral regurgitation.
	15.	Aortic stenosis and regurgitation. Mitral regurgitation.
	21.	Mitral regurgitation.
	23.	Aortic obstruction and regurgitation. Mitral regurgitation.
	37.	Mitral regurgitation.
STEPHEN	2.	Aortic aneurysm. Aortic regurgitation.
	16.	Mitral and tricuspid regurgitation. ?Adherent pericardium.
	18.	Aortic and mitral regurgitation.
	37.	Hypertrophied and dilated heart. ?Mitral stenosis.
MARY	14.	Mitral regurgitation. Enlarged liver.

Nervous System.

PHILIP	6.	Jacksonian epilepsy.
	10.	Right hemiplegia. Cerebral hæmorrhage
	14.	Paraplegia. Spinal caries.
	28.	Left hemiplegia.
STEPHEN	11.	Locomotor ataxy.
	12.	Paraplegia. Diplopia.
	15.	Paraplegia. Myelitis.
	22.	Amyotrophic lateral sclerosis.
	30.	Hereditary ataxy.
	40.	Locomotor ataxy. Charcot's joints.
MARY	1.	Paralysis of right arm. Trephining. Removal of cortical tumour.
	9.	Chorea.
	13.	Left hemiplegia.
	31, 45.	Peripheral neuritis.
	42.	Anorexia nervosa.

Alimentary System and Abdomen.

PHILIP	17.	Hæmatemesis. Gastric ulcer.
	18.	Dilated stomach.
	25.	Carcinoma of liver and rectum.
	34.	Tuberculous peritonitis.
STEPHEN	4.	Ascites. Enlarged liver.
	7.	Enlarged liver. Carcinoma.
	21.	Typhoid fever. Bronchitis.
	24.	Carcinoma of pylorus.
	28.	Œsophageal growth.

Mary	2.	Carcinoma of pylorus.
	10.	Gastro-enteritis.
	18, 28.	Ascites.
	22.	Typhoid fever.
	32, 48.	Gastric ulcer.
	44.	Gall-stones.
	47.	? Carcinoma of pylorus.

Genito-Urinary System.

Philip	1.	Chronic nephritis. Hypertrophied and dilated heart.
	16.	Scarlatinal nephritis.
	19.	Acute nephritis.
	31.	Chronic tubal nephritis.
	40.	Acute tubal nephritis.
Stephen	39.	Chronic nephritis.
Mary	7.	Chronic nephritis. Hypertrophied heart.
	20.	Diabetes insipidus.
	29.	Acute nephritis.
	46.	Chronic interstitial nephritis.
	50.	? Floating kidney.

Respiratory System.

Philip	3.	Bronchitis. Emphysema and phthisis.
	12.	Phthisis. Aphonia.
	22.	Phthisis.
	29.	Chronic bronchitis.
	30.	Hæmoptysis. Phthisis.
Stephen	1, 8, 32, 33, 34.	Phthisis.
	9.	Pleuritic effusion. Secondary carcinoma of pleura.
	10.	Phthisis. Tuberculosis of left knee-joint and testicle.
	20.	Pleuritic effusion.
	23.	Pleurisy.
	25.	Tuberculous pleurisy with effusion.
	29, 39.	Lobar pneumonia.
Mary	6.	Pneumonia.
	12.	Phthisis.
	26.	Asthma.

Miscellaneous.

Philip	5, 19.	Acute rheumatism.
	39.	Osteo-arthritis.
Stephen	3.	Polyarthritis. Erythema.
	5.	Pyrexia innominata.
	14.	Eczema.
	26.	Myxœdema.
	31.	Lupus vulgaris.
	36.	Acute rheumatism.
Mary	4.	Lupus vulgaris.
	15, 17.	Acute rheumatism.
	23, 30.	Eczema.

In the Surgical Wards.

Cases under Mr. Howse.

Naaman	2.	Epithelioma linguæ.
	3.	? Epithelioma penis.
	15.	Femoral hernia in boy of eleven.
	19.	Tuberculous testicle.
Charity	8.	Hydrocele of cord.
	15.	Tuberculous elbow-joint.

Cases under Mr. Davies-Colley.

Lydia	6, 17.	Tuberculous tarsus.
Luke	6.	Tuberculous osteitis of great trochanter.
	11.	Double vas-excision for malignant prostate.

Cases under Mr. Lucas.

Lydia	10.	Strumous dacylitis.
	11.	Rodent ulcer of nose.
	16.	Talipes equino-varus.
Job	8.	Caries of spine.
	25.	Talipes equino-varus.
Charity	22.	Carcinoma recti. Chronic obstruction.

Cases under Mr. Golding-Bird.

Accident	5.	Fractured femur.
	16.	Compound fractures of humerus, radius and ulna.
	21.	Cut wrist, divided tendons and median nerve.
	26.	Fractured femur.
	32.	Cut throat.
		Isolation room. Fall on head. Cerebral irritation. Delirium.
Lazarus	6.	Growth of upper jaw.
	8.	Osteitis of tibia.
	14, 17.	Genu valgum.
	15.	Dyspepsia. ? Malignant structure of œsophagus.
Martha	21.	Chronic bursitis. Bursa patellæ.

"Clinical."

John	1.	Multiple sarcomata. Ascites.
	3.	Lead poisoning.
	4.	? Appendicitis.
	5.	Phthisis.
	6.	Purpura hæmorrhagica.
	7.	Mitral regurgitation.
	8.	Belladonna poisoning.
	10.	Gangrenous appendix. Suppurative peritonitis. Operation.
	11.	Acute rheumatism. Brachycardia.
	12.	Enterica.
Miriam	17.	Aphthous stomatitis.
	20.	Pneumonia.
	21.	Tonsillitis.
	22.	Adherent renal calculus. Abscess. Operation.
	23.	Carcinoma recti. Removal.
	25.	Diarrhœa and vomiting.
	26.	Enterica.

MIRIAM	28.	Mitral stenosis and regurgation.
	30.	Mediastinal growth. Hydrothorax. Ascites.
	31.	Pneumonia.
Cot 33.		Pneumonia.
Cot 35.		Diarrhœa and vomiting.

A Chapter in the Natural History of Ringworm.

MY object in the following paper is to draw attention to the fact, which has, I think, scarcely received such general recognition as it deserves, that ringworm may be, and probably often is, derived from the lower animals. In country practice, at any rate, we must not confine our enquiries into the source of contagion to the house and the school, but must bear in mind the risks which lurk in stables and farmyards, and in the gateposts and bark of trees.

A few years ago I saw a very remarkable and diffuse ringworm on the buttocks of an infant of about fourteen months old. The father was a cowman. He had been for some weeks doctoring some calves with ringworm, and he had at that time abundant ringworms on the right wrist and forearm. The occurrence and distribution of the disease in the child was explained by the fact that he often carried his unbreeched infant on his arm. In another cowman, I have seen copious ringworm on the neck when the disease was prevalent in the farm where he worked.

More recently I have met with ringworm of the scalp in a schoolboy who apparently caught it from his sister, who, in her turn, had probably caught it from a favourite pony which was known to have had it for a long time.

By far the best account I have seen of this disease as it occurs in the lower animals, is contained in the Journal of the Royal Agricultural Society of England, for June, 1895, in a paper on Ringworm of Calves, by G. T. Brown. A few extracts from this paper may interest those of your readers who are not likely to come across the original.

1. As to the tenacity of life of the fungus, the following observations are interesting:—

"Crusts taken from calves in the autumn were effective six months afterwards. Goats have been infected with crusts from cattle eighteen months after removal from the skin of the diseased animals.

"The ringworm fungus grows freely on gelatine and in a vegetable infusion, as malt, and on rotten wood it flourishes luxuriantly; and what is more remarkable, the plant can live on the bark of a tree through a long frost, as that of the winter of 1894–5, and when removed in the spring may be alive and active. Calves affected with ringworm were seen to rub themselves on the trees of an orchard early in December. Bundles of infected hair were found wedged in the bark. These were left untouched till March when they were removed, packed in an envelope and examined more than a month later, when an abundant cultivation was secured on a malt infusion. Experiment shows that while warmth and moisture favour its growth, long exposure to a temperature *much below freezing point does not* necessarily render it infertile."

Another mode of infection less likely to be suspected, but which it may be worth while for the medical practitioner to take note of is mentioned in the paper. "A number of the common lice infesting cattle were seen to be feeding on the broken up epithelium and other products of the disease. A few of these lice were secured, and thoroughly washed by a camel's hair pencil until all traces of spores had been removed from the surface of their bodies. The next step was to open the abdominal cavity, and instantly a shower of spores of the ringworm fungus rushed out. (N.B. A chance for original research at skin out-patients is hereby suggested. The investigator might include in this enquiry pulex irritans, sarcoptes hominis, pediculus capitis, and acanthia lectularia, unless any of these parasites have become extinct in the Borough since the days when I acted as clerk to Dr. Pye-Smith some years ago). These spores, whether transferred to gelatine, agar, or malt infusion, all grew. The swallowing of them by the louse had not rendered them inactive."

2. As to its clinical history. "In one case, which occurred at the Royal Veterinary College some years ago, seven of the grooms became infected on the arms as the result of dressing one pony."

"Among farm stock, calves are the most common victims, and as a rule, the liability to the disease diminishes as age advances. Animals of two years old are rarely affected, and older animals still more rarely."

"Horses come next to cattle in susceptibility to ringworm, and in them age appears to make no difference in the degree of liability to infection. Dogs are attacked, but sheep or pigs seldom or never, in this country at least."

"A peculiar character of ringworm in animals is the tendency to spontaneous cessation in the course of two or three months. Sickly calves suffer most severely, and improve in a marked degree when placed under favourable conditions in regard to feeding and general management. Thus a calf convalescing from an abscess was attacked by the disease which also attacked seven others in the same stable. The cases were untreated. The strong animals gradually recovered, but the weakly one became worse rapidly, until nearly the whole body was covered with ringworm." (This association of severity of ringworm with an "unthrifty" condition seems to be the common experience of farmers, and it is interesting since there is no such decided association of markedly severe ringworm with ill health in human patients.)

3. In an inoculation experiment in which ringworm fungus well moistened with water was smeared on the surface of a closely clipped area, the course of the disease was as follows: "In four days the skin was rough, irritable on touching, and there were several

pimples on the surface. On the ninth the skin was scaly, and the hairs and cells of the cuticle were invaded by spores. The disease reached its full development in six weeks, after which recovery was rapid without any treatment."

"In the calf it is common to find the disease taking the form of elevated patches consisting of scabs, hair laden with fungi and dried secretion. In other parts the skin is rough, scurfy, almost denuded of hair and showing signs of slight wounds from the teeth of the animal or its companions. Microscopic examinations of an affected piece of skin showed that the hairs (which appeared in tufts of several hairs twisted together and adherent by dried exudation) had grown up from their follicles, carrying with them the root sheath and myriads of spores of the fungus with filaments of mycelium." In a drawing given, this method of spontaneous cure is illustrated. The whole mass of diseased hairs in all the nodules appears to have grown out of the follicles simultaneously. Tufts of distorted, diseased hairs with masses of cuticle become disconnected from the skin and fall off. Examination of this section of skin with a nodule attached showed that nearly the whole of the hair follicles, out of which diseased hair had emerged, carrying with them the fungus, appeared to be quite healthy; only here and there were clusters of spores clinging round new hairs which were advancing to take the place of those which had been dislodged. A large number of sections were examined with a view to verify this important fact. The result of the investigation justifies the assertion that the falling of the nodules leaves the hair follicles, with few exceptions, perfectly free from any trace of ringworm fungus. The calves were watched for some time, but no recurrence of the disease took place.

"As to the duration of the disease, some continental authorities fix the period of duration at six weeks to three months. In badly-tended, poorly-fed calves the malady may continue month after month in spite of active treatment."

"When a part of the skin of a healthy calf is selected for inoculation, the place being out of the animal's reach, and no companions being at hand to aid in the transference of the fungus from one part to others, the disease runs its own course in a few weeks and ceases; but this result cannot be expected when the circumstances are in favour of its transplantation and the production of successive crops of ringworm nodules." "Ringworm in the lower animals does not assume a refractory character except on very rare occasions. Only two such cases were observed during many years, the one in a pony, and the other in a sickly calf."

4. As to treatment, "actual inflammation whether accidentally or intentionally caused is the surest cure." "Getting rid of crusts of scabs and scurf, and the use of the currycomb and soft soap, and warm water." "The destruction of all infecting material." "The use of corrosive sublimate, white precipitate, chloride of zinc, sulphurous acid, etc., etc." "The destruction of damp sheds, the use of general disinfecting measures as applied to all farm buildings or lands in the form of lime-wash, sulphate of copper, etc."

R. J. RYLE.

Sketch of the Life of Hippocrates.*

THE Father of medicine was born in the isle of Cos, about 480 B.C. He was lineally descended from Æsculapius, Apollo's son, through Podalirius, who, along with his brother Machaon, is greatly complimented by Homer for their skilful treatment of casualties occurring amongst the Greeks at the siege of Troy. He flourished during a period, the extraordinary intellectual development of which suffices to make it memorable to all time. His contemporaries were: Pericles, the famous statesman; the poets Æschylus, Sophocles, Euripides, Aristophanes, and Pindar; the philosopher Socrates, and his distinguished disciples Plato and Xenophon; the father of history, Herodotus, and his young rival Thucydides; the unrivalled sculptor, Phidias, and many other distinguished names, "which have conferred immortal honour on the age in which they lived, and exalted the dignity of human nature." Confucius and Zoroaster had not long predeceased this golden age of Greece.

The Asclepion, or Temple of Health in Cos, where he studied and practised, was one of the most famous schools of medicine of the time. Here, although the choice of a remedy often depended upon the revelation of dreams, in addition to inert substances, "sometimes medicines of a more dangerous nature, such as hemlock and gypsum were prescribed, and regular reports of the effects produced were kept by the priests in the temple." It is also well known that these priest physicians noted down with great care the symptoms and issue of every case, and consequently became, in time, great adepts in the art of prognosis. He is said to have particularly distinguished himself in anatomy. He studied medical gymnastics under the tuition of Herodicus, who first cultivated them as a branch of medicine.

He travelled abroad, visiting Thrace, Delos, Thessaly, Athens, and many other places, where he practised and probably taught his profession.

He is said to have cured Perdiccas, the Macedonian king, of a love-sickness, and there is little doubt he spent some time at that court. His son Thessalus was court physician to Archelaus, king of Macedonia, and another descendant, also called Hippocrates, attended Roxane, the queen of Alexander the Great.

His name is connected with the great plague of Athens, the contagion of which he is reported to have extinguished by lighting fires. At all events, several of the genuine works of Hippocrates are devoted to the ætiology and treatment of epidemic and endemic diseases.

He is said to have declined an invitation to the Persian court. The latter part of his life he spent in Thessaly, and died at Larissa, his age being variously stated as 85, 90, 104 or 109 years.

*Abstracted from Francis Adams' work.

In his writings, he has left monuments of his genius "more durable than the statues of Phidias, and as enduring as the tragedies of Sophocles, or the odes of Pindar." His literary style is that of Thucydides, terse and laconic to a degree.

His descriptions of disease are taken at first hand from nature, and his rules of practice are clearly based on experience. How fallacious mere unsupported empiricism by itself may be he was well aware, and hence he never exempts the apparent results of experience from the strict scrutiny of reason. What he seems to have studied with particular attention is the natural history of diseases, their tendency towards death or recovery. Under *prognosis* he includes—

(*a*) The previous history of the patient.

(*b*) The present condition.

(*c*) The tendency of the disease.

Amid the quackery and superstition rife in the earlier stages of the civilisation of every people, he always appears unspotted; of amulets and charms to impose on the credulity of the public, there is no mention in any of his works.

All disease he attributes to natural causes, and believes in a spiritual essence or principle universally diffused, which constantly strives to preserve all things in their natural state and to restore them when preternaturally deranged. This principle he calls Nature, and treats as a definite *vis medicatrix*. "Nature," he says, "is the physician of diseases."

He was at once the reflective philosopher and the experienced physician. Although he lays it down as a cardinal rule that "the physician should do good to his patient, or at least he should do no harm," and elsewhere, "when things are at the crisis, or have just passed it, neither move the bowels nor alter the treatment, but let well alone," there is no doubt that on occasion his treatment was bold and decided. In inflammation of the chest he bled freely, and in milder cases practised dry or wet cupping. In ordinary cases of constipation he prescribed laxative herbs such as the mercury, beet and cabbage, but had in reserve elaterium, scammony, spurge and other cathartics when required. To evacuate upwards he was content with hyssop, unless a more powerful emetic was required, when he gave the white hellebore with a boldness his successors dared not imitate. When narcotics were necessary, he had recourse to mandragora, henbane and poppy-juice.

In surgery he was a bold operator. In head injuries he fearlessly opened the skull with trephine and trepan (a boring instrument). He opened the chest in empyema and hydrothorax. The popularity of athletics gave him every opportunity for studying dislocations and fractures, as his treatises on these subjects abundantly testify. He insists on the importance of making extension so as to bring the broken bone into position and then applying waxed bandages to keep it so (*Fractures*, § 4).

Cases of talipes, if seen in infancy, he was often able to cure by methodical bandaging, without any cutting operation whatever.

S.

Some Old Guys of Forty Years Back.

BY AN ANCIENT GUY.

How few of the present men remember dear old Jimmy Stocker, the apothecary of the hospital, who was always to be seen in the colonnade about 9 p.m., and who visited every ward and gave a general look at the patients; and when a case was doubtful as to diagnosis, how often the physicians would say "Refer the case to Mr. Stocker"; and his opinion was generally correct. Who of my time does not remember him, with his hands tucked up the cuffs of his coat? He was always ready to talk to a student, and help him, and spur him on with all his heart. He was a man of great information, and what nice little dances he gave at his house to the favoured few!

I wonder whether there is a gentleman still living of the name of ——. I don't think he was particular as to whether his food was either trifa or kosher. Shall we call him Mr. Moses? He was generally standing near the front entrance, and made himself most agreeable to students. In those days I was sometimes short of cash, and was at once referred to Mr. Moses for the loan of a sovereign. Many were the students that he helped to pay the college dues. On one occasion I borrowed a sovereign on the promise that I paid him back three days afterwards. I told him that I lived at Mrs. Jackson's, the bookseller's, near the back entrance. He said, "I know your address, and that of all the new gents." According to the arrangement he called in three days, and after discussing with me a temperance drink called Dimidium Dimidiumque from the Celestial opposite I paid him his money and asked him what interest. "Sir, I never charge any gentlemen for the accommodation, but I will buy any ole cloe." Of course, he had a present of coat, vest, and other articles.

John, the night porter, who sat in a little box at the front entrance, was a man who could take any amount of beer that was offered, from the small to the early hours, and was never more than drowsy in consequence. In those days we always had a kilderkin of Bass and one of Barclay, Perkin's stout. This latter was very much appreciated by the police, and the result was that we had perhaps more than our share of accidents when the competing hospital, St. Thomas's, was opposite.

Dear old Betts has lost his top-not, and is still the best of the best. He seems to be part and parcel of the museum. What a lot he knows about us all! I believe he has added pigeon feeding to his other duties, and possesses a money-box on their behalf.

What shall I say of good old Jimmy Weeks? I was always anxious to remove a pet fibroid tumour that he possessed on his head. What an excellent barber he was, and couldn't he extract teeth when they were no more use to the owner! What did he do with them? He never made a boss shot when he wanted to find the aorta for the red lead and Russian tallow, and couldn't he make it nasty for you if your lot fell to a perinæum, and he forgot the tow! Who does not remember his

son, and the number of pots of half-and-half that came into the little three-cornered room where the dissections for lecture took place? I wonder if there are any of the chalk marks for pots of beer and the donors' names when they come to look at the subject for nine o'clock lecture!

Now, here is a type of the real old gentlemen, with a long-tailed and snuff-coloured coat, gloves, and snow-white hair, who was always begging you to attend a clinical by Addison, Gull, Pavy, Birkett, Lever, Cooper, Foster, Bryant, etc. What a memory he had for those who did not attend! His notes were all mental and generally correct. Durham and Maunder and Moxon were demonstrators in those days. His name was Goldstone; the profane used to call him "Old Valuable Testicles." He was a dear old man whom no student dared or tried to insult. I should think he must have been past seventy when I knew him. He was a just man, and faithful to his trust.

The porter's lodge was a most dignified post, and the officer sat there with his broad-brimmed hat and long coat, *otium cum dignitate*. He did a bit in the cheese and bacon line, and other odds and ends that students wanted. A skeleton or a ring was all in his line. He were wery orty when he liked. For porters, commend me to Old Barney at the back entrance. He had a wonderful eye, very much out of the straight, and the other was a bit queer. He wore a many-folded cape and a hat that shut up like an accordion. Many is the time that I have sat on the top of his sentry-box and played upon this accordion. A great joke was to tie a string to the knocker of his box, and sit on the other side of the road and tap. He said it was "owdacious and he seed yer." He, too, liked a little beer.

Dear old Monson Hills; I can only speak of him with loving affection. I can see him in the operating theatre with Millikin on one side and he with ligatures in his mouth, and when sterilising was unheard of, and when stumps sloughed magnificently. He was always a friend in our time of trouble, and he addressed us all as "fessor." He used to arrange the beer and desserts for the dressers' rooms, and the charity men. House-surgeons and dressers for the week squared up at the end of the week at the cost of seventeen shillings more or less.

Mrs. King, the housekeeper, was very much bothered when we were too noisy, especially on Punch nights, and then she came into the room and said "Now, gentlemen," when peace was restored, especially threatening us with the gentleman next door, who carried the green book under his arm. She used to object when we brought in a noted prize-fighter who taught us the noble art, for a consideration. She has gone to her well-earned rest, where a Garibaldi Cat or Barber's Pole Club cease to annoy.

Mr. Towne was the wax-modeller, whose workshop was under Clinical ward, and I fear many of his magnificent secrets died with him. I never heard of any one penetrating his sanctum. Go into the museum and see his magnificent model of a dissection of the axilla.

The nursing and feeding arrangements were a little primitive, and a good deal of the cooking took place in the wards. The two-gallon copper beer cans, beaten with a femur, made excellent drums at Christmas time to parade the wards and corridors. Well do I remember the man who brought the oysters round the wards at nights, and the business he did with patients. Winkles, shrimps, and mussels lurked beneath the oysters, and for the robust a whelk or two.

What shall I say of the Sairey Gamps and their pranks? Their uniform compares unfavourably with those of the present day. There were some pretty ones among them, but I was not much of a judge of beauty in those days. If I remember rightly our dormitories were beneath the receiving and dressers rooms.

When I walk in the colonnade nowadays, I see the ghosts of departed friends, and the immortal Rees and Gull going to lecture, with their book under their arm, and I see the circle on the blackboard drawn by Gull, starting with pneumonia from its progress to the end. And Lever with his basket of grapes to help him through the early morning lecture. And now I must conclude, and the mystery is that I ever was able to subscribe myself, with all affection, AN M.R.C.S., L.S.A.

Guy's Hospital.

ENTRANCE SCHOLARSHIPS.

SENIOR SCHOLARSHIP FOR UNIVERSITY STUDENTS.

An additional Entrance Scholarship of the value of £50 open to candidates under 25 years of age, who have completed the curriculum for, or passed, the examinations in Anatomy and Physiology for a medical degree in any University of the United Kingdom, and have not entered as students in any Metropolitan Medical School, will be offered for competition for the first time in September, 1897.

SUBJECTS.—Candidates will be examined in any two of the following subjects at their option, viz.:—Anatomy, Physiology, Organic Chemistry, Zoology, Physics.

The scope of the examination in Anatomy and Physiology will be that of the Intermediate M.B. (Pass) Examination of the University of London, and in Organic Chemistry, Zoology, and Physics, that of the B.Sc. (Pass) Examination of the University of London.

The Examination will be conducted as follows:—

Tuesday, Sept. 21st, Morning	...	Organic Chemistry.
" " " Afternoon	...	Anatomy.
Wednesday, Sept. 22nd, Morning	...	Physics.
" " " Afternoon	...	Zoology.
Thursday, Sept. 23rd, Morning	...	Physiology.

The successful Candidate will be required to enter at the Hospital as a Perpetual Medical Student.

Names of intending Candidates should be forwarded on or before Monday, September 6th, to THE DEAN, GUY'S HOSPITAL, LONDON BRIDGE, S.E., and Candidates *must then state what are the subjects in which they propose to present themselves for examination.*

July, 1897.

Dislocation of the metatarsus outwards; and of the third bone downwards. Reduced by manipulation under an anæsthetic. The exposure was too short for all except the phalanges.

Skiagram of a normal hand. 10-inch coil. Watson's penetrator tube at a foot. Exposure ten minutes. Ilford isochromatic plate.

Passim.

OUR heartiest congratulations are due to Mr. Alfred D. Fripp on the high honour which the Prince of Wales has conferred in appointing him Surgeon-in-Ordinary to His Royal Highness. Apart from his professional attainments, Mr. Fripp has played so prominent a part in the efforts that have recently been made to rescue the hospital from the serious financial dangers with which it was threatened, that no Guy's man can deny the deep debt of gratitude which is due to him on this account. Indeed it is owing to him, we believe, that His Royal Highness has accepted the presidency of this hospital and has inaugurated a scheme for re-endowment which without him would have had but small chances of success. The little world of Guy's, therefore, will admit that such services deserve recognition, while at the same time it feels a pride in the addition of a fourth to the list of its representatives in the Royal household—Sir Samuel Wilks, Mr. Bryant and Dr. Alan Manby.

SIR WILLIAM MACCORMAC, whose appointment to a similar post was gazetted at the same time, is generally considered one of the greatest surgeons of the present day, and we may congratulate our sister-institution in Lambeth on the honour done to one of the most famous men on its consulting staff. Mr. Fripp's appointment, on the other hand, is prospective and is doubtless prophetic of a great future. Although *Truth* this week does not realize that Mr. Fripp was appointed assistant-surgeon to the hospital before the later appointment was known even to the staff, and is now fully engaged in surgical work, it is hardly necessary to point out that he has not yet had the opportunity of distinguishing himself professionally in the way that Sir William MacCormac has done, and as it is to be hoped that he will in the future do. But Royalty, as much as the general public, require other qualities in their medical advisers besides those of pure scientific achievement. It is the general character of a surgeon, and the thousand and one minor qualities, frequently overlooked in our bohemian existence, which in practice rightly combine to attract a patient's confidence; and the latest appointment to His Royal Highness' person will emphasize a side in the personal education of a medical man, which, through danger of its being exaggerated, has been very generally and very largely neglected.

A SOMEWHAT converse event is the election of the Prince of Wales himself as a Fellow of the Royal College of Physicians, in virtue of which we are assured that, although His Royal Highness will not be on the medical register and will be unable to sign death certificates, he is nevertheless a physician, and entitled to all the privileges of his royal college. In accepting this distinction, as we in our profession are bound to consider it, the new Fellow has the precedent of three beneficent dukes in previous centuries, who, in return for influence and wealth exerted in behalf of the college, were given the only honour the college had to bestow. The election, although of no direct importance, is taken to signify the very great value that the Prince attributes to the work of the healing profession. In the Queen's Jubilee Nursing Institution, in the Prince's fund for the hospitals, and in the frequent visits that the Prince and Princess and all members of the Royal Family have paid to hospitals wherever they have been, we have a clear proof of their interest in the patients and nurses of these institutions; and we now have the recognition of the part played in this great drama by medical men. The event appears to be a further step upward in the progress which the profession has made in the public esteem since the golden days of quackery and sham that prevailed four hundred years ago.

IN the present number there appears, as a suitable ending to a series of most useful selections sent us by an old and trusty friend of the GAZETTE, a short life of Hippocrates, the father of all that is great and sound in medicine, the steadfast opponent of shallow thought and shallower practice, which flourished almost universally for two thousand years after his death. Even in so short a sketch of his life, it is most striking to see the extraordinary insight that Hippocrates displayed in working almost solely from his own personal observation, in spite of difficulties and errors that would seem to us to be not only misleading but prohibitive.

IT is regrettable nowadays, that as the number of books and pamphlets on every professional detail increases incessantly in geometric progression, the faculty of accurate observation and original deduction fades more and more. Our examinations depend on our knowledge and not on our powers of thinking. If we know three or four text-books by heart, we are able to secure most of the degrees and titles that are commonly taken to indicate genius; we

apply ourselves accordingly to our text-books, we learn slavishly the sayings of our physicians and surgeons, we have at our fingers' ends a row of tables and figures which the examiner will himself have read up only the night before, and when the struggle with him is over we cross Waterloo Bridge, satisfied that we do or do not hold the qualifications necessary for practice. Would that we had some system of qualification, which would refer us for three months to think rather than to read, and would judge us according as we had or had not shown both ability and energy in observing and in making use of our observations.

THE last paragraph we will offer without remuneration, to Lord Davey's Commission, which should before long begin its deliberations. The bill for the new teaching University of London has passed its second reading in the House of Lords, and is expected to pass the lower house and become law before the end of the session. It empowers the new Royal Commission to draw up by the end of 1898, or at latest 1899, a detailed scheme for a teaching university on the lines of the Earl of Cowper's Commission.

THE Medical Council have appointed Dr. Lawrence C. Panting, late House-Physician to Dr. Goodhart, to be Assistant Demonstrator of Chemistry and Physics, since the work in that department is to be extended. The appointment is made with a view to the junior teaching posts in some of the departments other than that of Physiology being also used for the training of future physicians. Dr. Panting was scholar of Balliol College, Oxford, in Chemistry and Physics, in which subjects he took high honours, and we shall all be glad to see him back again.

MR. F. J. STEWARD has been appointed Clinical Assistant in the Throat Department in succession to Mr. Herbert Durham.

WE are somewhat late, but none the less sincere, in congratulating Dr. Alfred Salter, on his appointment to the Gull studentship in pathology. This is only the second appointment that has been made, the studentship having been founded in memory of the late Sir William Gull, by his son in 1891, and being tenable for three years. Mr. Hopkins was the first holder of the prize. Dr. Salter's brilliant achievements are too well known to require further comment.

WE regret to hear that Mr. A. G. Butler has been obliged to resign his house-physicianship to Dr. Goodhart, in order to take advantage of an offer of partnership in private practice, for which he has our very best wishes. Our warm congratulations are due to Mr. E. Ivens Spriggs, who has been appointed to take his place.

THE appointments' list for October is now open, and vacancies for GAZETTE reporterships in the out-patient and post-mortem departments for next month, tenable with other appointments, are also announced. Applications for the latter must be made by Tuesday evening next, in the usual way. The office will, of course, be closed on Monday, and the Library closes next Saturday for three weeks.

THE examination for the Indian Medical Service is being cruelly held now, Bank Holiday being of no account at Burlington House. Guy's sends one representive, who should do well. The London University results are anxiously awaited, although we do not expect such brilliant performances on the part of our men as in some previous years.

WE are glad to announce that the medical school has at length followed the example of other London schools, and decided to offer for competition in September an entrance scholarship in anatomy and physiology or other optional subjects. As this form of scholarship is particularly designed to attract the best University men, as has long been the case at the London, St. Thomas's, St. Bartholomew's and St. Mary's Hospitals, it is to be hoped that we shall profit accordingly, since it is not only the money, but also the honour of such a prize that attracts the best Oxford, Cambridge and Durham men.

NEXT Session Mr. Davies Colley will give his Surgery lectures at 9.30 a.m. Early morning lectures on Surgery are usual in other Schools. Mr. Howse will continue to give his in the afternoon. The two alternatives will thus work side by side, and their relative advantages will be able to be observed, leaving the afternoon free for work in the wards.

AT a meeting of the committee of the Physical Society last week it was announced that Dr. C. D. Muspratt, M.B., B.S., F.R.C.S., of Bournemouth, had consented to read a paper at the inaugural meeting of the winter session on Monday, October the 4th. Arrangements were

made for six other papers, besides the Treasurer's prize essay, and for two clinical and two pathological meetings. The subject chosen for the Treasurer's prize was "Infection," it being thought best not to limit the scope of the paper, candidates being thus able to write more freely on the particular lines that may suit them. Attention is called to the fact that this prize is open to all students, whether officers or not of the society, who have not exceeded their sixth year; and all essays must be forwarded by the 15th of February next. It is intended in the future to award the exhibits' prize for the best exhibits shown on the clinical and pathological nights, as well as on the nights on which papers are read, as was formerly the custom. It is to be hoped also that the photographic committee will be organised.

WE are glad to publish in to-day's issue for the first time two skiagrams taken by the apparatus lately acquired by the hospital. One represents the very rare injury of outward dislocation of the whole metatarsus, incurred by jumping from a second-floor window. E. G. G., the owner of the foot in question, has now a European as well as colonial reputation, if we may trust the editor of an esteemed contemporary, who read of the event in a copy of the *Daily Telegraph*, in the wilds of the Ardennes. The recent skiagraphic work done in the Accident room has been very creditable, some of the skiagrams, such as the second in to-day's issue, being as good as any professional prints that we have seen.

IT is unfortunate, however, that the work at present rests entirely in the hands of the new men, to whom the credit of mastering the intricacies of our very good apparatus is entirely due. Naturally enough, they have other work to do, and cannot spare the time to take more than a dozen cases or so in the week, since each implies a considerable amount of labour in the development as well as in the exposure of the negative. It is to be hoped that the authorities will soon see their way to employ as a permanent servant of the hospital some man who is capable of understanding the process, and undertaking the work whenever it is required; the evidence gained by its use in surgical cases has already proved of incalculable use in diagnosis, and many men will be glad to be instructed in the use of the Röntgen rays.

THERE is another point in connection with work on the surgical side to which we would call attention, and that is the need of a clinical laboratory in the old building, or at least of some better facilities for clinical investigation than at present exist. The microscopes now in the wards, originally presented, we believe, by members of the Staff, are out of date and absolutely useless; the only chance of examining specimens under the microscope is for the clerks to bring up their own instruments into the wards, and that, for obvious reasons, they are not very willing to do, while many make this fact an excuse for not using the microscope at all. For a centrifugalizer it is necessary to take the specimen for examination right down to the medical building, which many men under the circumstances are too modest to do; while staining pus or bacteria is out of the question. Growths removed in the theatre, also, can only be examined by being removed to the pathological laboratory, and, consequently, as a means of diagnosis during operation, which is frequently found of use in other hospitals, rapid section cutting is never resorted to.

WHAT we should suggest would be the selling of all the old microscopes, the buying of a single good instrument instead, and the acquisition of a room with a low window—the Registrar's room with the high window and a stove in front of it being useless for the purpose—which should be comparable in every way to the laboratory on the medical side with all the apparatus suitable for surgical examinations. Under these circumstances the clerks might be reasonably expected to get out a reliable daily report in the cases of renal, vesical and other disorders that need it, as, indeed, is always done on the medical side, and clinical assistants in the surgical wards might undertake the control of the apparatus and might be of considerable use in making examinations in the course of operations. Perhaps it may be found possible either for the Registrar to change rooms with one of the other occupants on the first floor, or for the authorities in the rearrangement of wards next October to provide a new room for the purpose in the region of Dorcas.

HONOUR, we fear, is not always given to whom honour is due. *The Therapist*, a short time ago, contained a full account of the original investigations which have led a physician at Barcelona to change his former treatment of ring-worm. He has tried various kinds of antiseptic lotions, but has at last hit upon the discovery that formalin has a striking and absolutely unique effect in curing this disease.

Now, it is a curious fact that Dr. Alfred Salter made this discovery eighteen months and more ago; that he described the treatment in full in the British Medical Journal early in last year: that he has not only used it extensively himself, but has seen it extensively used in our out-patient department for skin diseases; and that while many practitioners are converted to its use, many still prefer the old remedies, in consequence of conservatism or of the complications, for an account of which the new observer may be referred to Dr. Salter. We publish in the present issue, by the way, an interesting communication on the spread of ringworm from Dr. Ryle, of Barnet.

The house-committee has not done much in the absence of the superintendent on his much needed annual holiday. But it has conferred a very great boon on a large and worthy section of the community, in providing a series of comfortable chairs on the grass against the school-building in the park, admission to which is gained by a small gate that is placed in the railing opposite the great door of Hunt's house, and is labelled "Reserved for Sisters and Nursing Staff only," as if sisters were not members of the nursing-staff. It is an excellent innovation, and the only surprise, to us, at least, who did not know Mr. Treasurer Harrison or some of the former matrons, is that it was not done before.

Our condolence to the matron, who is down with scarlet fever. Fortunately her case is progressing favourably.

We are glad to hear from the Institution that Nurse Lyons, Nurse Clemetson, and Nurse Fricker, on Wednesday, the 21st, passed the examination for licentiateship of the Obstetric Society.

We are also very glad to hear that Nurse Fox, having had a month's holiday since her return from Greece, has been appointed Sister in the Surgery, and will begin work next Wednesday, when Miss Pye leaves us after serving eight months in that capacity.

Our most contrite apologies are due to the contributor of a letter describing the experience of a nurse under fire in Greece, which was published in our issue of June 5th. The letter apparently was never intended for publication, but as it had already appeared in a provincial paper, we concluded, wrongly it seems, that permission had already been given for its publication.

An interesting and very useful exhibition was held this week in the Queen's Hall, Langham Place, by the Medical, Surgical and Hygienic Association. Two old house-physicians made it their duty to make the *experimentum in corpore vili* of sundry preparations, including diabetic whiskey. Their report on the latter was confused, as they subsequently took some best Scotch as an antidote. The musical programme was excellent.

The cricket cup-tie has been very badly managed this year. The final should, of course, have been played a month ago, instead of which it was only fixed for last Monday, and then was again postponed by the University captain, who is no respecter of persons. In the semi-final round University beat St. Thomas's, and Middlesex scratched to us. The final is now fixed for August 5th and 6th, at Winchmore Hill, and patriotism demands a large attendance.

The water-polo victory over St. Thomas's by eleven goals to nil, was splendid work for a twenty minutes' match. This, which was the final round and secured us the cup, took place on Wednesday the 21st, at the Bath Club in Dover Street, where a very pleasant evening was spent, thanks to the great courtesy of the committee of the club, and the liberality of the president of the Guy's swimming club. The reflections of our artist on the occasion will be found on another page.

The final matches in the lawn-tennis competition were finished last week, and resulted in a victory for Alabone over Willan in the handicap, and for Williams over Mandy in the championship competition, the sets being very hotly contested. Williams is accordingly the first holder of the fine challenge-cup presented this year for annual competition in Guy's by Dr. Washbourn and Mr. Lane.

There are still some copies remaining of the autotype reproduction of Mr. Draper's fresco, "Spring," which was published in the Gazette last Christmas. They may be had for a florin, on application to the librarian.

The holidays are now upon us, and the Gazette will not come out till the 21st of August. Good luck and *bon voyage* to all the holiday-makers.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

The late C. J. Prime.

SIR,—Will you allow me to add a few words to your obituary notice of my old dresser Mr. Prime, which appeared in the GUY'S GAZETTE of July 17th? His refined face and delicate figure have left on my mind a very lasting impression, which recalls the shades of others, who, possessed of a similar sensitiveness in disposition and keenness for competition, have fallen early in the race of life. Prime was essentially a man of high tension. His well-knit limbs carried no superfluous flesh, but his muscles were firm and vigorous. His light and active frame lacked the wide chest which Lord Palmerston considered so essential to success in life, though many have attained to eminence without it. He was of the build of a fleet short-distance runner, and this he proved himself to be, for during those thirteen years of athletic depression which commenced in 1879 with the nursing disturbance and agricultural depression, by which the heart of the Guy's school was brought very low, he was one of the very best athletes of his time. At the Guy's sports he annually carried off a full share of the prizes, but at the inter-hospital contest it was generally his fate to meet one competitor just strong enough to beat him. In 1885, however, he secured the inter-hospital long jump, that being the only first gained by a Guy's man. As a Rugby football player he was a very fast three-quarter on the wing, generally running close on the touch-line without slipping over, but his light weight made him uncertain in tackling. In the wards he exhibited the same keenness, but he lacked the endurance which is the gift of a digestion, and he generally bore the appearance of one over-trained. Prime was a man of a gentle, amiable and lovable disposition, and deeply cherished by his immediate relations. It will be long before I can forget his boyish good nature, or cease to regret the loss of one whom the unsparing wheel of time so early crushed.—Yours faithfully,

R. CLEMENT LUCAS.

Wimpole Street Out-matched.

SIR,—In the GAZETTE of July 17th, "Anxious" calls attention to a somewhat lengthy prescription; but, what are the faults? It appears to have been prescribed for a bronchitic patient with a weak heart, and as far as I can see contains no incompatibles; but the last two items are somewhat unusual as flavouring agents in a mixture of that class. As you and other Guy's men may like to see what *can* be done by a local genius, I copy below two prescriptions by the same man, one in his simple, one in his complicated style. The perpetrator has sixteen letters after his name and is *not* a Guy's man. I can vouch for their accuracy, as I copied one from the original and the other from the chemist's book where it was dispensed. The Mist. Rhei. Co. referred to in No. 1 was composed as follows: Sodii Bicarb., Pulv. Rhei., *Calomel* and Aq. Menth. Pip.—I am, sir, yours faithfully,

OTHO R. TRAVERS.

St. Leonards-on-Sea, 21st July, 1897.

I.

℞ Ess. Anisi. ♏ 20.
Hyd. cum Creta. ʒi. gr. iv.
Pot. Bicarb. ʒii. ss.
Mist. Rhei. Co. q.s. ʒviij.
ʒp. t.d.s. ex aqua.

Half a small teaspoonful every two hours to child.

Mrs. ———

II.

℞ Amyli. Nitrit. ♏ij.
Acid Nit. Hyd. Dil.
„ Sulph. Arom. aa. ʒi.
Tr. Sumbul. ʒi. ss.
„ Quininæ Ammon. ʒi. ss.
„ Chlorof. Co. ʒij.
„ Card. Co. ʒij.
Bismuth Subnit. gr. 48.
Ess. Anisi. et Menth. Pip. aa. ♏x.
Mist. Cretæ ʒj.
Aq. Laurocerasi ʒij.
Aq. Anethi. ad ʒviij.
C ʒiv. Tertiam q.h. ex aqua.

Pass List.

Final Conjoint Examination, July, 1897.

MEDICINE, SURGERY AND MIDWIFERY.—*H. W. Allan.

MEDICINE AND SURGERY.—*F. S. Batchelor, *C. L. G. Chapman, *A. J. Hull, *W. Mussellwhite, *M. H. Way.

MEDICINE AND MIDWIFERY.—A. H. Godson, *P. Turner.

SURGERY AND MIDWIFERY.—*H. Cardin, *W. N. East.

MEDICINE ONLY.—*A. R. Adams, *A. J. Cleveland, *F. H. L. Cloud, *G. E. Duncan, E. D. Hancock, *R. Kay, F. W. Lee, G. N. Mottram, C. R. Nicholson, C. C. Poole, L. T. A. Rowland, W. H. M. Smith, J. W. Sweetlove, O. C. Worthington.

SURGERY ONLY.—S. C. Clapham, *H. W. Dudgeon, W. A. Fuller, *F. C. Hitchins, *C. R. Hodgson, F. J. Lidderdale, C. H. Mossop, E. J. O'Meara, A. A. Price, W. C. Pritchard, *D. F. Roberts, *H. V. Smith, *L. H. Y. Stephen, M. H. Thornely, A. J. Wernet.

MIDWIFERY ONLY.—R. T. Fitz-Hugh, E. G. Goddard, W. J. S. Harvey, *S. Hughes, P. W. Moore, J. E. Powell, H. Simson, J. G. Watt.

*Denotes completion of examination.

Second Conjoint Examination, July, 1897.

E. H. Felton, F. G. Gibson, M. J. Rees, A. W. Talbot.

University of Oxford.

FINAL EXAMINATION FOR THE DEGREES OF B.M., B.Ch.

R. Howard.

Reviews.

Aids to Bacteriology. By Psarmain & Moore. (Ballière, Tindall & Cox). Price 3s. 6d.

This small book has been written with the idea of presenting the outlines of the principles of bacteriology to medical practitioners and others. The introduction gives an account of bacteria in general, their classification and functions. Then follow chapters on the methods employed in bacteriology, on the spread of disease, immunity, the characters of the chief pathogenic organisms and other points. The book is small, but still contains a great deal of useful information, and may be found useful to those students or practitioners who have neither time nor opportunity to study a subject which every day is becoming more important to them as regards the welfare of their patients. To such readers we can recommend this book.

The Action of Medicines. By T. Lauder Brunton, M.D., F.R.S. (Macmillan & Co.).

This book consists of a most interesting series of lectures delivered to the students of St. Bartholomew's Hospital during the summer session of 1896. The lectures deal with the mode of action of drugs, both generally and in detail, and are based upon a scheme which was drawn up for an examination in Pharmacology by the Royal College of Physicians and Surgeons, but which was never carried into effect. The lectures themselves are interesting from beginning to end so that it is difficult to pick out any parts in particular, but there are some special chapters dealing with the influence of the bodily condition on drug absorption, the effects of variations in dose, of the treatment of heart disease by exercise, and many others which are especially good. To the student or practitioner who has mastered the mass of detail required by the various examining bodies in materia medica we would strongly recommend this book as likely to impress upon him the essentials of drug administration, and at the same time the value of considering the reason for giving a particular drug under different conditions. The mass of students or practitioners, especially soon after a materia medica examination, are so likely to deal with drugs much as the public expect of them, viz., a certain drug and a certain dose for a certain disease. Here, however, we have no cram book but one which will help us to sift out from our materia medica rubbish heap the drugs which will be useful to our patients. The author's purpose in the preparation of this book, viz., to awaken attention excite interest and impress certain points which will act as a basis whereon to build up our knowledge, will be fully realized by all those who read it. The volume is full of practical points of value, is most entertaining to read, and we should like to congratulate the author on having published a book which insists on the fact that in giving drugs it is just as necessary to think as in any other sphere of medicine, and we hope many will read, learn and inwardly digest this course of lectures, founded on the experience of one who has had exceptional opportunities of judging what is, and what is not, of value in the treatment of disease.

Dental Surgery for Medical Practitioners and Students of Medicine. By A. W. Barrett, M.B., M.R.C.S., L.D.S.E. Third edition. (H. K. Lewis, 136, Gower Street.) 1897.

The aim of this small book, the third edition of which is before us, is to supply to students and practitioners of medicine such information concerning the teeth as is likely to be of practical use to them. Since dental surgery in common with other special subjects has been crowded out of the text-books of general surgery, the need of such a work as this is much felt. It includes chapters on such subjects as the extraction of teeth, dental caries, toothache and injuries. Under the heading of dental caries useful information will be found concerning temporary stoppings, such matters as gold fillings being merely alluded to, as falling more fittingly within the scope of the dental specialist. There is a short chapter on the treatment of fracture of the jaws. As in the other books of this series the present work is of an essentially practical character, and will, we have no doubt, be found to supply such information on the subject of the teeth and their management as is required by those who in the course of practice have to treat and advise in such matters.

Ligaments, their Nature and Morphology. By J. Bland Sutton. Second edition. (H. K. Lewis, London.) 1897.

Mr. Bland Sutton has been well advised to keep this book in print. We welcome anything that is likely to shed a little interest in the dry study of anatomy, and more especially of that portion comprised under the heading of tendons and ligaments. The author's aims may be given in his own words: "To sort out from the enormous heap of structures known as ligaments those which can boast a noble descent, and trace the history of their downfall is the object of the present treatise." This work is now so well known that we need draw but little attention to the skill with which the author has carried out his intentions, and to the interest with which he has imbued his subject. It can no longer be given as an excuse for want of knowledge that the subject is a dry one, and we earnestly advise every student to make himself acquainted with the evolutionary processes as applied to tendons and ligaments so ably put before them by Mr. Bland Sutton.

Papers by Guy's Men.

A Case of Gonorrhœa, with extensive suppuration; urinary and fæcal extravasation. Under the care of R. Clement Lucas, B.S., F.R.C.S. *Lancet.*

Medical Abstract—The Treatment of Typhoid Fever is contributed to the *Birmingham Medical Review* by Jas. W. Russell, M.D. Cantab., M.R.C.P. (co-editor).

From the Gazette's Special Pathologist.

ALL specimens—particularly those of solid tissues—should be accompanied, if possible, by a short clinical and post-mortem history, and a postal order for 2s. 6d. An extra charge of 6d. per slide is made when prepared sections are to be forwarded.

Directions to be followed in sending *Diphtheritic Membrane*:—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

All specimens to be addressed to the GAZETTE PATHOLOGIST, Medical Office.

Diphtheria specimens are to be labelled *Immediate*.

Postal Orders to be made payable to Mr. C. H. WELLS.

NOTICES.

A. E. P., LOUGHBOROUGH.—This growth consists of fibrous tissue for the most part; there is some small amount of muscular tissue, and a few portions of more embryonic fibrous tissue. It is probably a fibroma of the ovary.

H. L., SALFORD.—This specimen has the character of skin carcinoma. It consists of masses of epithelial cells in alveoli, not definitely derived from squamous epithelium. It is probably a rodent ulcer.

R. C., WINDLESHAM.—No tubercle bacilli could be found in the sputum. If the one negative result taken in conjunction with the symptoms does not seem satisfactory to you, we should suggest that you send up for examination the sputum first coughed up after waking in the morning.

C. D. M., BOURNEMOUTH.—After incubation no Klebs-Löffler bacilli could be found, only staphylococci were present.

E. H. G.; AMERSHAM.—The specimen is one of chronic induration of the breast; consisting of islets of glandular structure imbedded in dense connective tissue. There is no evidence of malignant growth.

E. R. M., HASTINGS.—Tubercle bacilli were present in moderate numbers in the sputum.

E. R. M., HASTINGS.—No tubercle bacilli could be found in the sputum.

PATHOLOGIST.

ACKNOWLEDGMENTS WITH THANKS.—Hospital; Clinical Journal; Treatment; Journal of Balneology and Climatology; Clinical Excerpts; Pediatrics; St. Mary's Hospital Gazette; St. Thomas's Hospital Gazette; London Hospital Gazette.

Obituary.

Jabez Spence Ramskill,
M.D., M.R.C.P. Lond., M.R.C.S. Eng.

A NOTABLE figure in connection with the early days of the National Hospital for the Paralysed and Epileptic has passed away in the person of Dr. J. S. Ramskill, who died on June 22nd, at the age of seventy-three years. He received his medical education at Guy's Hospital, graduating as M.B. at the University of London in 1847, and proceeding to the degree of M.D. in 1849, and his first hospital appointment was that of physician to the Metropolitan Free Hospital. In 1859 he was elected assistant physician to the London Hospital and lecturer on medicine to the same institution, where his lectures on nervous diseases were much appreciated by the students and hospital resident medical officers. In 1859, too, he and Dr. Brown-Séquard were appointed the first two physicians to the National Hospital for the Paralysed and Epileptic in Queen Square, a hospital at which he finally attained the position of senior physician, a post he held for many years. He was always greatly interested in nervous diseases, and contributed the articles on Vertigo, Chronic Hydrocephalus, and Meningitis to "Reynolds' System of Medicine," as well as lectures on Epilepsy to the *Medical Times and Gazette*. Dr. Ramskill was especially interested in the therapeutics of epilepsy, and it is to be regretted he did not publish the results of a long enquiry he made as to the treatment of cases of epilepsy. He was a very genial and kindhearted man, and will be greatly missed both by his numerous medical colleagues and his many friends outside the profession. He leaves a widow (his second wife) and one son.—*Lancet*.

Ben Neal Fund.

Subscriptions received up to date:—

	£	s.	d.
C. Higgens...	3	0	0
W. Growse...	1	1	0
A. D. Fripp	1	0	0
C. H. W.	0	10	0
W. G. M.	0	5	0
F. D. J.	0	2	6

NOTICE TO CORRESPONDENTS.

The Editor wishes it to be understood that no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.

Sport.

Guy's Hospital Lawn Tennis Club.

GUY'S v. MR. BASIL BROWN'S TEAM.

This match, played at Honor Oak Park, on July 17th, resulted in a win for the visitors by 4 matches to 3.

Mandy and Lacey beat Alexander and Perrins, 6–4, 6–4; beat Cubley and Bennett, 6–3, 6–4; lost to Haycraft and Brown, 4–6, 4–6. Williams and Ransford lost to Alexander and Perrins, 4–6, 6–4, 2–6; lost to Cubley and Bennett, 5–7, 6–8; beat Haycraft and Brown, 6–3, 3–6, 6–3. Dudgeon and Cross lost to Alexander and Perrins, 2–6, 6–4, 0–6.

GUY'S HOSPITAL LAWN TENNIS CHAMPIONSHIP CUP COMPETITION.

The fourth round of the competition for the Lane-Washbourn Cup was completed on July 19th, when P. S. Mandy beat A. C. Ransford, 6–3, 0–6, 6–4.

FINAL ROUND.

Played off in glorious weather on Saturday, July 24th. N. Williams beat P. S. Mandy by 3 sets to 1.

	Williams.		Mandy.
Set (*a*) ...	4	...	6
„ (*b*) ...	6	...	1
„ (*c*) ...	6	...	3
„ (*d*) ...	6	...	4
	—	...	—
	22 games to 14		

SINGLE'S HANDICAP TOURNAMENT.

The final round of this was played at Honor Oak Park on Saturday, July 24th. A. Alabone, +½15, beat G. T. Willan, +15, 6–1, 6–2, 5–7, 6–3.

Guy's Hospital Swimming Club.

INTER-HOSPITAL CUP-TIE; FINAL ROUND.

The final tie in the Water-polo Cup competition was played between Guy's (holders) and St. Thomas's, on the 21st instant, at the Bath Club. As will be seen by the score, Guy's had matters pretty well their own way, and won by eleven goals to nil. It is very creditable of St. Thomas's to have put in a team considering they have not played a single match this year; and it is to be hoped that other hospitals will follow their example. For Guy's, Marshall and Barker played a good game, and for St. Thomas's, A. E. Harrison, the old "Corinthian" goal-keeper, played a sterling game in the shallow end. The goals for Guy's were, Marshall (6), Ash (4), Payne (1). Team:—

GUY'S.—Barker (goal); J. L. Payne, H. Grose (backs); C. B. Sells (half-back); G. Evans, G. Marshall (centre), J. R. S. Ash (forwards).

Guy's Hospital Rifle Association.

PRIZE COMPETITION.

The competition for the Newton Pitt Challenge Cup took place at Ilford, on July 8th. The attendance was fairly good in comparison with that of past years, but we should like to see as many competitors for the cup as there are volunteers at Guy's. The shooting this year was very much improved, this being no doubt due to the superiority of the Lee-Metford over the Martini-Henry as a shooting weapon. We wish we could put it down to increased practice on the part of the men, but in this respect there has been a falling off this year. The fact that the winning score is ten points better this year than last is fairly representative of the improvement. Next year the top score should be well into the 90's. The scores made in shooting for the cup were also counted in the usual annual handicap, in which the entrance fees alone can now be counted upon to provide prizes. The system of handicapping adopted last year was again found to be very successful, resulting in a close finish.

The Newton Pitt cup goes to Pearson, who won it in 1895, when it was first shot for, while Beale-Browne appears at the top of the handicap shot.

The scores were as follows:—

NEWTON PITT CHALLENGE CUP.

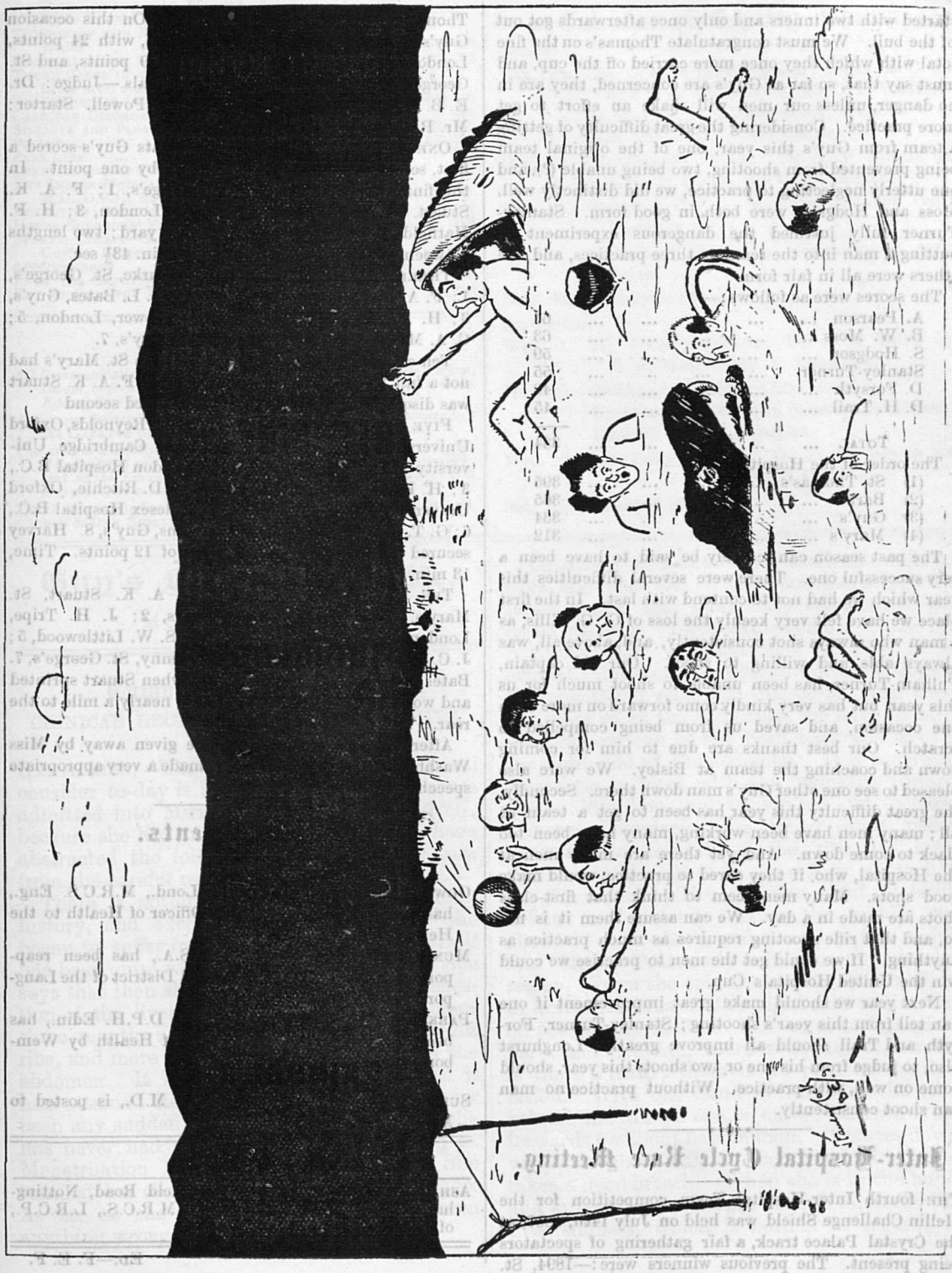
	200 yds.	500 yds.	600 yds.	Total.
A. Pearson ...	33	28	28	89
T. R. Beale-Brown	30	30	23	83
H. Fulham-Turner	25	25	31	81
F. G. Gibson ...	29	18	32	79
B. W. Moss ...	27	24	23	74
H. Stanley Turner	23	20	25	68
D. Forsyth ...	27	29	12	68
G. Dowsett ...	26	24	17	67
F. M. V. Smith ...	27	26	10	63
E. A. Longhurst	15	10	6	31

In the Handicap the scores were:—

T. R. Beale-Brown ...	83 + 11	(handicap)	= 94
F. G. Gibson	79 + 15	„	= 94
H. Fulham-Turner ...	81 + 10	„	= 91
H. Stanley Turner ...	68 + 23	„	= 91
A. Pearson	89 + 0	„	= 89
F. M. V. Smith	63 + 24	„	= 87
B. W. Moss	74 + 11	„	= 85
D. Forsyth	68 + 16	„	= 84
G. Dowsett	67 + 5	„	= 72
E. A. Longhurst ...	31 + 27	„	= 58

UNITED HOSPITALS' CUP.

This Cup was shot for at Bisley on Thursday, July 15th. Only four hospitals were represented, Charing Cross not sending in a team this year. The shoot resembled the majority of the other competitions at the Bisley meeting this year, in being a record one in several respects. The winning score was a record, the fact that all the teams scored over 300 points was a record, and the highest individual score, 72 points out of 75, was a record. This fine score was put together by Marshall of Thomas's, who



A WATER POLO MATCH B.C. 17.—SCORE: 11 GOALS TO NIL.

started with two inners and only once afterwards got out of the bull. We must congratulate Thomas's on the fine total with which they once more carried off the cup, and must say that, so far as Guy's are concerned, they are in no danger, unless our men will make an effort to get more practice. Considering the great difficulty of getting a team from Guy's this year, one of the original team being prevented from shooting, two being unable (?), and one utterly neglecting to practice, we did distinctly well. Moss and Hodgson were both in good form. Stanley-Turner fully justified the dangerous experiment of putting a man into the team on three practices, and the others were all in fair form.

The scores were as follows:—

A. Pearson	64
B. W. Moss	63
S. Hodgson	59
Stanley-Turner	55
D. Forsyth	48
D. H. Trail	45
TOTAL	334

The order of the Hospitals was:—

(1) St. Thomas's	395
(2) Bart's	365
(3) Guy's	334
(4) Mary's	312

The past season can scarcely be said to have been a very successful one. There were several difficulties this year which we had not to contend with last. In the first place we have felt very keenly the loss of G. G. Ellis, as a man who always shot consistently, and, above all, was always able and willing to shoot. Our old captain, Fulham-Turner, has been unable to shoot much for us this year, but has very kindly come forward on more than one occasion, and saved us from being compelled to scratch. Our best thanks are due to him for coming down and coaching the team at Bisley. We were also pleased to see one other Guy's man down there. Secondly, the great difficulty this year has been to get a team at all; many men have been working, many have been too slack to come down. And yet there are many men at the Hospital, who, if they cared to practice, would make good shots. Many men seem to think that first-class shots are made in a day. We can assure them it is not so, and that rifle shooting requires as much practice as anything. If we could get the men to practise we could win the United Hospitals' Cup.

Next year we should make great improvement if one can tell from this year's shooting; Stanley-Turner, Forsyth and Trail should all improve greatly; Longhurst also, to judge from his one or two shoots this year, should come on well, with practice. Without practice no man can shoot consistently.

Inter-Hospital Cycle Race Meeting.

THE fourth Inter-Hospital Team competition for the Mellin Challenge Shield was held on July 14th, 1897, at the Crystal Palace track, a fair gathering of spectators being present. The previous winners were:—1894, St. Thomas's; 1895, Guy's; 1896, Guy's. On this occasion Guy's scored their third successive win, with 24 points, London Hospital being second with 39 points, and St. George's third, with 45 points. Officials.—Judge: Dr. E. B. Turner. Time-keeper: Mr. E. A. Powell. Starter: Mr. P. B. Spurgin. Results:—

ONE MILE RACE.—In the three heats Guy's scored a first, second and third, and then led by one point. In the final, J. McW. Bourke, St. George's, 1; F. A. K. Stuart, St. Mary's, 2; J. C. Power, London, 3; H. F. Hatfield, Guy's, 4. Bourke won by a yard; two lengths between second and third. Time, 3 min. 43⅕ sec.

THREE MILES RACE.—J. McW. Bourke, St. George's, 1; F. A. K. Stuart, St. Mary's, 2; J. E. L. Bates, Guy's, 3; H. F. Hatfield, Guy's, 4; J. C. Power, London, 5; C. A. Marsh, London, 6; W. P. Ker, Guy's, 7.

Ten competed; time, 9 min. ⅘ sec. As St. Mary's had not a full number of men in this race, F. A. K. Stuart was disqualified, so J. E. L. Bates counted second

FIVE MILES INVITATION RACE.—C. C. Reynolds, Oxford University B.C., 1; F. A. K. Stuart, Cambridge University B.C., 2; A. F. V. Harvey, London Hospital B.C., 3; H. Praed, Sheen House C.C., 4; D. Ritchie, Oxford University B.C., 5; H. Charles, Middlesex Hospital B.C., 6; G. T. Collins, Guy's, 7; C. E. Adams, Guy's, 8. Harvey secured the lap prize with a score of 12 points. Time, 13 min. 8⅘ sec.

TEN MILES RACE (PACED).—F. A. K. Stuart, St. Mary's, 1; J. E. L. Bates, Guy's, 2; J. H. Tripe, London, 3; W. Lloyd, Guy's, 4; R. S. W. Littlewood, 5; J. C. Power, London, 6; R. A. G. Penny, St. George's, 7. Bates led until the bend for home, when Stuart sprinted and won by five lengths, Tripe being nearly a mile to the rear. Time, 23 min. 22⅗ secs.

After the races the prizes were given away by Miss Washbourn, and Dr. Washbourn made a very appropriate speech.

Appointments.

CIVIL.

GOWAN, B. CAMPBELL, L.R.C.P. Lond., M.R.C.S. Eng., has been reappointed Medical Officer of Health to the Hendon Rural District.

MUNDEN, CHARLES, M.R.C.S., L.S.A., has been reappointed Medical Officer of the 3rd District of the Langport Union.

PARKINSON, C. H. WATTS, M.R.C.S., D.P.H. Edin., has been reappointed Medical Officer of Health by Wemborne Urban District Council.

MILITARY.

SURGEON-LIEUT. F. S. BRERETON, M.D., is posted to Ashton-under-Lyne.

Birth.

ASHWELL.—On July 18th, at Mansfield Road, Nottingham, the wife of H. G. Ashwell, M.R.C.S., L.R.C.P., of a son.

ED.—F. E. F.

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Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied by the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Any o our Subscribers who may be desirous of having their numbers of the GAZETTE *bound should leave them with the Librarian.*

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The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING AND SIXPENCE.

Calendar of Coming Events.

August.

Sat. 21.—Mr. Golding-Bird's take-in; Ds. H. E. C. Fox and T. H. W. Landon; Cl. C. P. Weekes.
G. H. L. T. C. ... Albemarle, home.
Hos.-Sch. C. C. ... Melville, Ivy.

Wed. 25.—Mr. Howse's take-in; Ds. A. W. Nourse and L. D. B. Cogan; Cl. C. W. Booker.

Sat. 28.—Hos.-Sch. C. C. ... Marlboro', Honor Oak Fields.
G. H. L. T. C. ... Dr. Washbourn's team, home.

Mon. 30.—Library re-opens.

September.

Wed. 1.—Mr. Colley's take-in; Ds. A. A. Miller and T. M. Walker; Cl. A. Earnshaw.

Mon. 6.—October Appointment List closed.
Entrance List for Open Scholarships closed.
Durham First M.B. begins.

Wed. 8.—Mr. Lucas' take-in; Ds. R. Balderston and L. E. C. Handson; Cl. M. H. Way.

Sat. 11.—GAZETTE issued.

Guy's Hospital Gazette,

AUGUST 21, 1897.

Tumour of the Kidney.

CLINICAL LECTURE BY DR. HALE WHITE.

GENTLEMEN,—The patient whose case we will consider to-day is a woman, aged 48, who was admitted into Miriam ward on July 5th, 1897, because she had an abdominal tumour. I have abstracted the following account of her case from the careful report by Mr. H. T. Hicks.

There is nothing noteworthy in her family history, and except that two years ago she began to suffer from varicose veins, she herself has been quite well until December, 1896. She says that then she had pneumonia and congestion of the liver. She first noticed the tumour three months ago; it was then below the right ribs, and more to the front than the back of the abdomen. It has gradually increased until it has attained its present size, there have never been any sudden variations in its bulk, and she has never had any pain in connection with it. Menstruation has always been normal. She reached her climacteric about six months ago. As far as she knows there has never been anything wrong with her urine.

Condition on admission.—She looks well, but says she has lost weight considerably. The lungs, heart, and alimentary canal seem perfectly healthy. Temperature 98·6°. Pulse 86.

Examination of abdomen. There is an evident fulness on the right side of the abdomen, the superficial veins are dilated on both sides, but more so on the right than the left. A large hard tumour can be felt both back and front in the right side of the abdomen. It is somewhat crescentic in form with the concavity towards the middle line and convex at its postero-external boundary. Its upper limit passes beneath the margin of the ribs, its lower reaches within about a quarter of an inch of the iliac crest. The anterior limit is easily defined and extends across the middle line about 1½ inch above, and nearly to the middle line below. Posteriorly it fills the right lumbar region. From the spine behind to the umbilicus in front measures on the right side 20½ inches, on the left 19 inches. The tumour feels firm, hard, and nodular; there is no fluctuation, nor is there a thrill; there is no pain on manipulation. With one hand in front and the other behind, the tumour can be moved backwards and forwards for about half an inch. It moves downwards for about half an inch when the patient takes a deep breath. When she is in the hands and knees position it does not fall forward. The liver dulness, which is normal as regards its

upper limit, is continuous with that of the tumour below, and the edge of the liver can be felt separate from the tumour. In front of the tumour is a large area of resonance, its size varies on different days, and sometimes the colon can be rolled about under the hand as it lies on the surface of the tumour. Behind in the lumbar region the tumour is quite dull. The urine is acid, and has a specific gravity of 1015. It contains albumen, a moderate amount of pus, and a very little blood. It was centrifugalized and pus cells and red blood corpuscles were easily seen, but no tubercle bacilli or hydatid hooklets could be found. A vaginal and rectal examination revealed nothing abnormal.

A few days after she came in an exploring needle was put into the dull part of the tumour. Blood was withdrawn. No malignant cells or any urinary constituent could be found in it. Her condition did not change, and she left the hospital at her own wish on July 17th.

The first thing we had to do was to make out what the tumour was. In this case that was not difficult, but sometimes it is not easy to decide what such tumours are, and it may be that you will have to think of all the following :—

(1) Tumour of the kidney. In favour of the tumour in this patient being one of the kidney we had : (*a*) its position ; (*b*) its shape ; (*c*) the resonance in front and the dulness behind ; (*d*) its fixity even when the patient was on her hands and knees ; (*e*) its moving with respiration, showing that it was attached to the liver ; and (*f*) the blood and pus that we found in the urine.

(2) Ovarian tumour. You must never forget to think of this in every case in which in a woman there is a tumour of the abdomen. In this particular patient all the points in favour of the tumour being renal were against its being ovarian, and further we could feel that it did not descend into the pelvis, and the vaginal and rectal examinations revealed nothing abnormal.

(3) Fibroid of the uterus. This, too, should in women ever be present in your mind. Here, too, all the points that were against the tumour being one of the ovary are against this diagnosis, and there are no other symptoms of a fibroid of the uterus.

(4) A tumour of the supra-renal body. These are not common, but they may be very large. The tumour in our case was too low down in the abdomen and its shape was so unlike that of a tumour of the supra-renal that we easily decided that this diagnosis was not possible.

(5) Aneurysm. The tumour in this patient is obviously too large for an aneurysm, and it is in the wrong position.

(6) A retro-peritoneal cyst or tumour. I once saw a girl with a tumour in this region. Her doctor, a surgeon who was called in, and I, all thought it was renal, but it turned out to be a hydatid behind the kidney. In the patient we are discussing the shape of the tumour, its movement with respiration, and the state of the urine are all against this diagnosis.

(7 and 8) Pancreatic or mesenteric cyst. All the points in favour of the tumour being one of the kidney are against these diagnoses.

(9) Peritoneal cyst. Sometimes, as a result of chronic peritonitis, large localized collections of fluid take place ; but here, again, all the points in favour of a tumour of the kidney are against such a view.

(10) Perityphlitis. I only mention this to remind you that inflammation connected with the appendix is particularly prone to spread up behind the peritoneum, so that pus collects behind the right kidney. Nearly all peri-renal abscesses on the right side have their origin in the appendix. There was nothing in favour of this view in our case.

(11) Spleen. If the tumour had been on the left we should have had to consider whether it was splenic.

(12) Extra-uterine fœtation. There was no possibility of this diagnosis in this case ; but the results of a mistaken diagnosis are so serious that you ought to train yourselves never to forget the possibility of this whenever you are examining an abdominal tumour in a woman.

(13) Tumours of the liver or gall-bladder. Sometimes a renal tumour resembles these, but it clearly did not do so in our case.

You will see, therefore, that we had no difficulty in deciding that the tumour was one of the kidney ; and we will, therefore, now pass on to consider the kind of renal tumour from which this woman was suffering.

This tumour of the kidney might be any of the following :—

(1) A malignant tumour. In favour of this diagnosis we have : (*a*) the hardness of the tumour ; (*b*) the irregular bosses on it ; (*c*) its solid feel ; (*d*) the absence of thrill or fluctuation ; (*e*) the patient had wasted somewhat ; (*f*) there was some blood in the urine ; (*g*) the tumour was fixed.

Against the view that the tumour was malignant the following points were urged :—(*a*) the

patient looked well considering the enormous size of the tumour; (*b*) there was no pain; (*c*) the tumour was not tender; (*d*) there was no evidence of any secondary deposits anywhere in the body although the primary growth was so large; (*e*) malignant disease of the kidney is rare in adults; (*f*) sometimes it is preceded by renal colic, the stone acting as an irritant and perhaps leading to the cancer; but there was no such history in this case. I shall presently point out that most of these points are not so much against the diagnosis as they at first sight seem to be.

(2) Hydronephrosis. You all know that by this we mean the condition produced when there is some obstruction to the flow of urine, and consequent retention of it in the pelvis of the kidney. By this means an enormous cyst may be produced. It is said in the celebrated case of Mrs. Glass to have contained 30 gallons of fluid. For the hydronephrosis to be big the obstruction must be in the ureter. It may be due to some congenital malformation of the ureter, a calculus impacted in it, the healing of an ulcer produced by a calculus, inflammatory thickening at the base of the bladder, or a tumour pressing on the ureter.

In favour of the view that our patient was suffering from hydronephrosis there was the large size of the tumour and the fact that she did not look as if suffering from malignant disease. But against this view we had the following points:—(*a*) the tumour was very hard; (*b*) there was no thrill or fluctuation; (*c*) bosses could be felt on it; (*d*) there was no history of its becoming large, getting small again, and becoming large again. This happens in some cases of hydonephrosis, for when the pressure behind some forms of obstruction becomes very great the tumour suddenly disappears and a large quantity of urine is passed. Gradually the hydronephrotic tumour again forms and again suddenly discharges itself; (*e*) the blood in the urine.

(3) Congenital cystic disease. This is a condition in which the kidneys are found full of cysts, and it is often associated with other congenital defects, and with cysts of other organs. I have seen them in the brain, liver, lungs and pancreas. This form of cystic disease of the kidney is, when accompanied with cysts elsewhere, most often associated with a cystic liver. The cysts in the liver appear to be due to vacuolation of the hepatic cells, while those of the kidney are retention cysts of the renal tubules. The cases which occur in children are undoubtedly congenital, but when these cysts are first detected in adults, some authorities think they may have developed after birth.

One case did not fall in this category, for the tumour was of rapid development, not lobulated, and congenital cystic disease of the kidney is usually bilateral.

(4) Chronic Bright's disease. Sometimes in this disease the small cysts, so commonly seen in the kidneys of persons dead of it become very large. Bright himself gives some excellent examples. Our patient was not suffering from this disease, because the tumour was far too large; it was not lobulated, and cystic disease is bilateral. Occasionally large solitary cysts, it may be as big as an orange, are seen in the kidney. They are probably retention cysts. The tumour in our case was obviously not one of these.

(5) Hydatid of the kidney. Against this diagnosis there is the extreme rarity of hydatid of the kidney; the fact that the tumour did not feel like it, and gave no thrill, and also the fact that we could find neither membranes nor hooklets in the urine.

(6) Tubercular disease of the kidney. Against this diagnosis we have the fact that the tumour was altogether too large; tubercular disease of the kidney is nearly always bilateral. No tubercle bacilli could be found in the urine, and there was no general signs of tuberculosis.

(7) Pyonephrosis. Our patient could hardly be suffering from this, for her tumour was far too large; no fluctuation or tenderness could be made out, and there were no general signs of suppuration.

In considering the above diagnoses, I have only mentioned such points against each as were sufficient at once to put it out of count, and we went over them all before the exploring-needle was put into the tumour.

The outcome of our consideration of the case was that until the urine was examined we thought the diagnosis lay between hyronephrosis and growth, but the blood in the urine made the latter diagnosis certain.

There are three forms of malignant disease of the kidney, (*a*) secondary, (*b*) primary sarcoma, (*c*) primary carcinoma.

(*a*) Secondary. Secondary nodules of growth, whether carcinoma or sarcoma, may be found when the primary growth is anywhere in the body. They are usually small nodules scattered about in the kidney; they cause no symptoms or physical signs, and are unsuspected until found on post-mortem examination.

(*b*) Primary sarcoma. These remarkable tumours are almost entirely confined to children

under six years old. They are often enormous, and may weigh as much as thirty-one pounds, and really, as the child is much wasted, it almost looks as though it were an appendage to the tumour. They are congenital, but their mode of origin is not certainly understood; they occasionally contain striped muscle-fibres. The mortality of operations for their removal is so high that many surgeons prefer not to attempt it.

(*c*) Primary carcinoma. This is usually encephaloid. The tumour retains the shape and position of the kidney. It is often very large and has been known to weigh twenty-seven pounds, but it is never as heavy in proportion to the weight of the whole body as sarcoma of the kidney frequently is. It often adheres to adjacent organs and implicates them. The ureter is usually blocked by growth, clot, or débris, the renal veins are usually filled with growth which may of course ulcerate, suppurate and bleed in various directions. It is almost always confined to one kidney, and each kidney is affected an equal number of times. The most frequent seats of secondary deposits are the glands in the hilus of the kidney, the mesenteric glands, and the vertebral glands. Women are affected more commonly than men in the proportion of $2\frac{1}{4}$ to 1. Often calculi are found in the growth.

The two very important symptoms of carcinoma of the kidney are the presence of a renal tumour and blood in the urine. A patient hardly ever dies of carcinoma of the kidney without a tumour having been detected during life. We have already gone over the characteristics of the tumour. Blood is present in the urine at some time or another in about half the cases, and therefore you must not assume that the patient has not got a carcinoma of the kidney because the urine is free from blood. Hæmaturia may be very profuse—usually it is intermittent. Albumen is often present, even when there is no hæmaturia, and it may indicate that the opposite kidney is becoming granular, for this often happens; but, on the other hand, it is often simply hypertrophied. Cancer-cells are very rarely found in the urine. Usually the patient does not complain much of pain. When it is present, it is a dull ache, and not like the pain of renal colic. The tumour is usually not particularly tender. Pressure on the vena cava may lead to œdema of the legs. Occasionally the patient lives a very long time—it may be years—perhaps this is because there is another kidney to carry on the renal functions; and this, too, may perhaps explain the fact that although wasting, loss of appetite, nausea, vomiting, constipation, and anæmia are all commonly met with, they are often not so striking as in carcinoma of other organs.

In the case we have this afternoon discussed, the tumour is so large that Mr. Dunn agreed with me that its removal should not be attempted.

Hospital News.

CLASSIFIED LIST OF CASES.

In the Medical Wards.

Circulatory System.

Philip	10.	Hemiplegia. ? Mitral stenosis.
	18.	Cardiac. Hæmoptysis.
	21.	Mitral regurgitation. Pleuritic effusion.
Stephen	22.	Mitral, aortic and tricuspid regurgitation.
	37.	Hypertrophied and dilated heart. Mitral stenosis. ? Aortic regurgitation.
Mary	7.	Mitral stenosis complicating pregnancy.
	13.	Mitral stenosis. Tricuspid regurgitation.
	34.	Mitral obstruction and regurgitation.
	35.	Ulcerative endocarditis.

Nervous System.

Philip	6.	Aphasia. ? Embolus.
	10.	Hemiplegia. ? Mitral stenosis.
	16.	Monoplegia.
	31.	Eclampsia.
	37.	Sciatica, left side.
Stephen	12.	Paraplegia. Diplopia.
	25.	Locomotor ataxy. Gastric crises.
Mary	25.	Neuralgia, two divisions fifth nerve.
	31, 40.	Peripheral neuritis.
	42.	Anorexia nervosa.

Alimentary System and Abdomen.

Philip	14.	Diarrhœa and vomiting. Collapse.
	20.	? Carcinoma ventriculi.
	25.	Carcinoma recti; hepatis secondary.
	34.	Tubercular peritonitis.
	36.	Hypertrophic cirrhosis. Ascites.
		Private room. Gall-stones (operation).
Stephen	4.	Ascites. Enlarged liver. ? Cirrhosis.
	10.	Cirrhosis of liver.
	24.	Carcinoma of fundus of stomach.
Mary	14.	Abdominal abscess.
	15, 32.	Gastric ulcer.
	17, 18, Cots 53, 54.	Diarrhœa and vomiting. Collapse.
	33.	Multiple papillomata. ? Ascites.
	38.	Ascites. ? Abdominal growth.

Genito-Urinary System.

Philip 5, 7, 33, 40. Bright's disease.
24. Tubercular testicle and knee-joint.
Stephen 10. Tuberculous testis and knee.
Mary 6. Movable kidney.
20. Polyuria.
29. Acute tubal nephritis. Pleuritic effusion.

Respiratory System.

Philip 2, 22, 27, 30. Phthisis.
3. Emphysema. ? Tubercle.
9. Pneumonia.
29. Pleurisy.
38. Circumscribed empyema.
Stephen 1. Phthisis.
5. Chronic bronchitis. Mitral regurgitation.
16. Pneumonia.
26. Hæmoptysis.
33. Hæmoptysis. Phthisis.
34. Acute pneumonia. Relapse.
Mary 5. Empyema at right apex.
10, 16, 23. Phthisis.
26. Asthma and bronchitis.
28. Pleurisy; effusion, right side.

Miscellaneous.

Philip 8. Acute rheumatism.
12. Pyrexia.
19. Gonorrhœal rheumatism.
26. Rheumatism.
Stephen 3. Erythema. Pyrexia.
9. Lead poisoning.
11. Eczema.
Mary 24, 30. Eczema.

In the Surgical Wards.

Cases under Mr. Howse.

Naaman 1. Tuberculous synovitis of knee-joint.
4. Epithelioma of lip.
6. Syphilitic arthritis of knee-joint.
7. Stricture of urethra.
14. Ingrowing toe-nail.
17. Psoas abscess.
Charity 6. Tuberculous osteitis of ribs.
10. Tuberculous knee-joint.

Cases under Mr. Davies-Colley.

Lydia 5. Movable kidney.
6. Nasal polypi.
8. Necrosis of femur.
9. Impacted fracture, neck of femur.
Cot 2. Cleft palate.
Luke 1. Appendicitis.
3. Old hip-joint disease. Old amputation through thigh. Nephritis.
9. Old colotomy for carcinoma recti.
10. Talipes equino-varus. Pes cavus.
13. Varicocele.

Cases under Mr. Lucas (Mr. Lane).

Accident 1, 17, 20. Fractured tibia.
2. Wound of eyeball.
4, 8, 9, 12, 30. Concussion.
12, 20. Fractured jaw.
32. Fractured patella.
Lydia 11. Concussion. Fractured clavicle.
12. Fractured femur and tibia.
13. Fractured base.
14. Hare-lip. Cleft palate.
15. Concussion. Twitchings in limbs.
Cot. Post-pharyngeal abscess.
Job 1. Sarcoma of malar bone.
2. Varicose veins.
5. Nævus of lip and cheek.
6. Varicocele. Inguinal hernia.
8. Mastoiditis.
15. Jacksonian epilepsy.
18. Venereal warts on penis.
19. Hip-joint disease.
20. Spinal caries.

Cases under Mr. Golding-Bird (Mr. Dunn).

Martha 2. Rachitis.
4. Scirrhus mammæ.
11. Abscess in loin.
22. Varicose veins.
Cot. Nævus at end of nose.
Lazarus 1. Ilio-psoas abscess.
2. Fæcal fistula. Old intestinal obstruction.
4. Appendicitis.
7. Hæmorrhoids.
11. Traumatic stricture of urethra.
20. Dislocation of patella outwards.
21. Varicocele.

"Clinical."

John 3. Typhoid.
4. Appendicitis.
6. Acute rheumatism.
7. Typhoid.
9. General plastic peritonitis. Secondary appendicitis. ?
10. General suppurative peritonitis. Gangrenous appendix; operation. Empyema.
11. Acute rheumatism.
12. Typhoid.
13. Appendicular abscess, opened through ischio-rectal fossa.
15. Gastro-enteritis.
16. Chorea. Acute rheumatism. Mitral disease.
Miriam 17. Chronic intestinal obstruction. Congenital stenosis of anus.
18. Appendicitis.
19. Tubercular peritonitis and enteritis. Operation.

MIRIAM
20. Gastro-enteritis.
21. Mitral disease.
22. Aberrant renal calculus. Operation.
23. Carcinoma of rectum. Operation.
25. Follicular tonsillitis.
26. Typhoid.
27. Carcinoma of sigmoid. Perforation. Fæcal abscess. Operation.
28. Belladonna poisoning.
29. Empyema. Operation.
32. Chorea.
33. Diphtheria. Tracheotomy. Recovery.
34. Diphtheria. Paralysis of palate and peripheral neuritis.
35. Abdominal tumour. Cystic sarcoma of left kidney?
36. Pleurisy.

Three Cases in the Medical Wards.

HYPERTROPHY OF LIVER WITH ASCITES AND ENLARGED SPLEEN.

Harriet W., aged 24, single, admitted on November 26th, 1896, for swelling of abdomen, sickness and headache. The father is alive and healthy, the mother died during a confinement, while two brothers and two sisters all died a few hours after birth. Patient has led an easy life, and her work as a maid has been by no means hard. There is no history of alcoholism. At the age of 12 she was treated for about a year at out-patients for interstitial keratitis, which eventually cleared up. Apart from this, patient has no remembrance of any other illness, not even when a child.

The present illness commenced in the autumn of 1894, when patient noticed that she was losing strength. She suffered from headache and occasional sickness, and was disinclined for work or any exertion whatever, although she did not give up her occupation as maid, the work being fairly light. This condition continued until the beginning of November, 1896, when she suddenly became much worse, and, in consequence, was obliged to leave her situation. At this time the abdomen began to swell, and the swelling steadily increased day by day. The headache became more severe and persistent, and vomiting occurred every day after meals. From the commencement of the illness the slightest exertion caused shortness of breath and palpitations. Menstruation commenced at the age of 14, and was regular for two years. For the succeeding five years it was irregular, and since patient was 21, she has seen nothing at all.

On admission, patient looked languid and weak. The skin over the whole body was pale, and she had a "black eye" brought on after retching severely in the previous week. The appetite was poor and the bowels constipated. Patient had no pain whatever. The lower incisor teeth presented the notched appearance so characteristic of congenital specific disease. The tongue was clean and there were no enlarged glands in the neck. Temperature 97·4°. The abdomen was uniformly distended and there was considerable bulging in the flanks. The superficial veins, especially over the liver and in the epigastrium, were dilated, and in them the blood was travelling upwards. The abdomen moved very little with respiration. The umbilicus was slightly protruded and was situated equidistant from the anterior superior spines; it was two inches nearer the pubes than the ensiform cartilage. The circumference of the abdomen at the level of the umbilicus was 31 inches. A distinct thrill could be obtained on either side of the abdomen by flipping the opposite flank. The edge of the liver came down to the level of the umbilicus. It was felt to be hard, regular and sharp. The surface of the liver was smooth. The spleen was enlarged and hard. By the process of "dipping," it could be felt two inches below the costal margin. When patient was lying on her back, there was dulness in the flanks, which extended on either side to within 4½ inches from the umbilicus, and on turning over to the right side the left flank dulness diminished backwards by 1½ inches. The liver dulness was limited in front by the fifth rib, and the vertical limit of the dulness, measured in the nipple line, was eight inches. There was no jaundice.

Pulse 104, regular, full and compressible. The cardiac impulse was felt in the third space, half an inch internal to the nipple line. Heart-sounds normal.

The urine was faintly acid, highly coloured, and had a specific gravity of 1020. It contained ·5 parts per 1000 of albumen and a quantity of pus. There was no history of any vaginal discharge.

Dr. Washbourn saw patient on November 30th. He considered that, having in view the history of congenital syphilis, the enlarged liver could be attributed to that cause. The diagnosis of syphilitic cirrhosis of the liver was made, and the ascites and enlarged spleen were regarded as secondary affections. Mercury and Potassium Iodide were prescribed.

Patient's condition gradually improved, and by December 21st the abdominal distension had very much decreased, and the cardiac impulse was felt in the fourth space. The urine, however, still contained albumen and pus. There had been neither headache nor vomiting since she came to the hospital.

On January 11th, patient was discharged. At this time, there was some ascites, although much less than on admission; the liver dulness extended from the fifth space down to within an inch of the level of the umbilicus, and the edge of the spleen could be felt under the twelfth rib. The amount of albumen in the urine was ·5 parts per 1000, and the average quantity of urea passed each day for the previous fortnight was 220 grains. Patient went back to her situation as maid, and was able to do her work all right for six weeks, but during the following fortnight the abdomen became enormously distended.

When re-admitted on March 23rd, 1897, the ascites was much more marked than at any time during the

former stay in the hospital. The circumference of the abdomen at the level of the umbilicus was 38½ inches. The liver could be felt by "dipping" about three inches below the seventh costal cartilage. The spleen was enlarged, but its lower limit could not be defined owing to the large amount of fluid in the abdomen. The cardiac impulse was displaced upwards, being seen in the third space, half an inch internal to the nipple line. No adventitious sounds were heard on auscultation. Patient was short of breath, and below the nipples no vesicular murmur was heard. Râles and rhonchi were heard at the right base behind. The urine was neutral in reaction, and contained pus and a slight trace of albumen; sp. gr. 1022. The albumen disappeared on the following day.

Dr. Washbourn regarded the case in the same light as on the previous occasion. The following prescription was ordered—Pot. Iod. gr. x., Pot. Acet. gr. xx., Tinct. Scillæ ɱxv., Spir. Nit. Æth., ɱxxx., Succus Scop. ʒj., Aqua ad ʒj., 6tis horis. The potassium iodide was omitted from this mixture on April 30th.

On April 19th the general state of health was much improved, and the circumference of the abdomen had diminished by five inches during the preceding month.

Dr. Hale White would not definitely lay down that congenital syphilis was the cause of the cirrhotic state of the liver. This might be a possible explanation, but in all his experience he had never seen a case which could be proved to be the result of syphilis. Among the many specimens in the museum there was only one of syphilitic cirrhosis, and that was in an infant. Dr. Taylor examined patient on May 21st. He agreed with what Dr. Hale White said, and was inclined to place the case in that class of cirrhoses, the causes of which are unknown.

Patient stayed in the hospital until July 26th, 1897, and during the whole of the time she had been subject to vomiting. The amount of urea excreted had always been small, but there were never any signs of uræmia. Excepting the trace which was found at the time of re-admission no albumen was ever discovered afterwards.

Patient's general condition was much improved on her discharge, but there was little change in either the liver or spleen. There was well-marked abdominal distension due to ascites, and the circumference of the abdomen, measured in the same way as before, was 32½ inches.

MALIGNANT STRICTURE OF INTESTINE.

Kate B., æt. 42, single, was admitted on April 16th, 1897, for pain and swelling in the abdomen. Family history not known. For twelve months patient had had many attacks of abdominal pain of a colicky nature, accompanied by pain and distension of the abdomen. Each attack was accompanied by bilious vomiting, and was of two or three days' duration. Between the attacks patient would feel pretty well, although she was always troubled with constipation, which she relieved by the use of enemata. Later, the attacks became more severe and more frequent.

When admitted she was suffering from an attack which was the most severe she had ever experienced, it having lasted five days. Patient was wasted, but not in a collapsed state. The pulse was small and quick, and the tongue furred. The abdomen was distended in the epigastrium and in the mid-line below the umbilicus, but not in the flanks. The abdominal wall was rigid and tender; no peristalsis could be seen. The lower part of the abdomen did not move with respiration. The bowels were opened after an enema and the fæces were hard and pellety. After this the abdomen was less rigid, but the pain became more intense. An injection of morphia was given seven hours later, but it gave no relief. Patient continued much the same during the evening, but at 1 a.m. became much collapsed, and the pulse was very slow and small. She died half an hour later.

At the autopsy.—Thirty ounces of pus were found in the peritoneal cavity. There was an old abscess in the pelvis formed by matted loops of small intestine with old lymph. Over the parts of the small intestine outside this abscess recent lymph was found. There was a malignant growth in the lower part of the sigmoid, and just above it was a perforation covered with recent lymph; at this point was a stricture which admitted the little finger. Nine inches below the ileo-cæcal valve was another small stricture.

"EPISTAXIS" OF KIDNEY.

Alfred S., æt. 12, was admitted for hæmaturia on April 2nd. There is a family history of phthisis, but both parents are alive and healthy. Patient has never been a strong child, and has attended Dr. Pitt's out-patients for bronchitis. There is no history of hæmophilia.

On April 1st, while at play, he passed some bright red urine. He had received no blow as far as he could remember. There was no pain. Twice the same day he again passed blood. The urine was still red on April 2nd, and on two occasions there was pain in the flanks for about ten minutes each time. In the evening he was brought up to the surgery, where he passed some urine of the colour of arterial blood; about one-fifth of the volume must have been blood. Blood corpuscles were seen to be present, and also albumen, but this probably corresponded in amount to the blood. On deep abdominal palpation, no tumour could be felt, and there was neither pain nor tenderness. The heart and lungs were normal. There was no anasarca.

April 3rd.—The urine is smoky and contained albumen and blood. Two days later the urine was bright yellow, acid in reaction, and contained neither blood nor albumen; sp. gr. 1016. The blood was examined by the hæmacytometer and hæmoglobinometer, and was found to be normal.

Patient was discharged on April 12th, no further blood or albumen having been found in the urine. During the

stay in the hospital, the temperature was normal. He had full diet, and no drugs were prescribed for him. He was only kept in bed for the first three days.

Case for Diagnosis.

A man, aged 37 years, admitted into John, under Dr. Hale White. Patient is a stoker.

Family history.—Unimportant.

Previous illnesses.—Patient has, from time to time during the last year, complained of pain in the abdomen of a crampy nature, but these attacks neither caused sickness nor forced patient to bed. Patient's bowels have always been regular.

History of present condition.—Patient was quite well up till six and a half days ago, when he was suddenly attacked with severe abdominal pain. Patient was at work, stoking, at the time, and as he had just eaten a green apple he put it down to this. He was taken to a hospital, where they told him to go home to bed. Patient got into such a collapsed condition that a doctor was sent for. The doctor treated him with opium and hot flannels to abdomen. Patient continued to get worse day by day; his pain increased and was mostly on the left side and upper part of abdomen. Patient vomited five or six times on the first day of illness, and also two or three times on the second day, and once on the fifth day. There is a history of absolute constipation for six and a half days, patient passing neither fæces or flatus. The vomit was greenish in colour, and apparently at no time was it of a fæcal character. The doctor says that patient has taken fluid nourishment well.

Condition on admission. — Pulse 130; temperature 101°; respiration 29. The general appearance of patient is that of a man in distress from pain. He is strong and muscular, and his eyes are not sunken, the colour of his face and lips is good. In fact, patient does not give one the idea of being in extremis; on superficial examination he is quite sensible, and is quite clear about his answers to questions about his illness. He answers quickly and voice is good.

Lungs.—These are apparently normal, only signs of a little bronchitis can be found. Respiration is somewhat laboured.

Heart.—The pulse is rapid, but the heart-sounds are quite clear. The apex is inside the nipple line.

Abdomen.—This is very much distended and moves very slightly with respiration. On each side of abdomen is a ridge over the site of the ascending and descending colon; peristalsis can be seen at intervals. On palpation the abdomen is found to be uniformly rigid and distended. At no place does there seem to be more resistance than at another. On percussion the abdomen is found to be resonant all over. The note is tympanitic, but the liver dulness is not obscured. There is dulness in both flanks. With regard to pain, patient complains mostly about the left hypochondriac and epigastric regions. It is also in the left hypochondriac and epigastric regions that patient complains of pain on palpation.

Alimentary canal.—The tongue has a brown fur mostly in the middle; the edges are rather red and show marks of teeth. Tongue is not dry but flabby. The rectum is quite empty and nothing abnormal can be felt. Patients' pulse ran up to 140 per min. during two hours, and his temperature fell to 100·4°. He has not vomited since admission, but is still in great pain. He is obviously becoming worse. There was an operation. Patient died six hours after operation. H. T. H.

Silicate and Plaster Splints.

There is scarcely any region of practical surgery where the recognised text-books are more fragmentary and inadequate than they are when dealing with the manufacture and application of splints. It is true that several pages are often devoted to the description of such elaborate devices as those to which McIntyre or Nathan Smith have given their names, and which are scarcely used in the hospital oftener than about once in six months. On the other hand, the plaster and silicate splints with which the majority of fractures of the lower limb, together with many other cases, are habitually treated, scarcely get more than a passing sentence such as, "Many surgeons now prefer to treat recent fractures by moulded splints made of coarse flannel impregnated with plaster of Paris," or "Mr. —— has lately recommended the employment of bandages soaked in silicate of potash." There is one exception, for in Heath's "Minor Surgery and Bandaging," twenty pages are devoted to the subject, but even here the descriptions are somewhat involved and antiquated, and lacking in several essential details.

The result is that the rules for the application of these splints are handed down with varying degrees of accuracy from one firm of dressers to another. Important points are often forgotten, and many a dresser when he first comes on finds that for some apparently unaccountable reason his Croft or Bavarian turns out a failure and a fresh one has to be put on the following day. However good this moral training in patience may be for the dresser, it has decided disadvantages, for it is an expense to the hospital, it is a trouble to the nurses, and it is not calculated to impress the patient with the efficacy of the treatment he is receiving.

There is probably no other branch of practical surgery where details often apparently trivial are of so great importance. Slight carelessness in the mixing of the plaster may make all the difference between a firm and comfortable and a soft, flabby, and practically useless splint. It is hoped, therefore, that the above is sufficient apology for the appearance of the following notes. They lay no claim to originality. They are simply the rules learnt in clerking and dressing, amplified and modified in some respects by experience. To many they will doubtless appear as a repetition of what is already well known; to others who have not yet finished dressing they

may be of practical use, and may perhaps diminish the number of splints which turn out failures and have to be put on a second time.

Silicate Splints.

These may well be taken first, as being the simplest to make, and, where applicable, far the strongest and most comfortable. They are usually employed for the leg, and will be described accordingly.

Materials required.—1. * Silicate of Potash O ij. or O j., according as the foot has or has not to be included.

2. Gamgee tissue, a strip of suitable length and of width equal to the circumference of the limb.

3. Three or four crinoline and one starched muslin bandage.

4. Needle, thread, strapping; also a piece of common broad bandage and a cradle to suspend the leg while the splint is setting.

Mode of application.—*a.* Heat a strip of strapping one inch wide, and place it down the middle of the front of the leg and dorsum of the foot. This saves the patient from being pricked while the gamgee tissue is being sewn, and also from being cut when the splint is cut up.

b. Place the strip of gamgee tissue behind the leg and foot, bring it round the sides, and sew it along the front. The tissue should be pulled tight as each stitch is inserted. The free edges are cut off as close to the stitches as possible. In this way the leg is enclosed in a soft, close-fitting, smooth stocking. If the foot is to be included, a V-shaped piece must be cut out on either side of the ankle, in order to make it fit well.

c. In the meanwhile the crinoline bandages are being soaked in the silicate solution. The muslin bandage will not take it up readily; hence, it must be unrolled through the solution, and re-rolled on a stick, such as a pen-holder.

d. The crinoline bandages are squeezed fairly dry, so that they do not drip, and are then rolled round the leg. The bandaging must be firm, so as to compress the gamgee tissue uniformly, but not very tightly. As far as possible, a simple spiral is employed, with figure of eight turns over the ankle and knee. The first bandage should be squeezed dryer than the others, or else the silicate is apt to soak into the gamgee tissue. The muslin bandage is put on last, so as to give a smooth surface to the splint. It makes it look neater, but is in no way essential.

e. All that remains is to suspend the leg so that the air may have free access on all sides. This is best done by loops of broad bandage hung from an ordinary cradle. The bandage should be shifted from time to time. The leg must not be left lying on a pillow (as is done after putting on a Croft), or the silicate will soak into the gamgee all along the back where there is pressure, and where the air cannot get at it.

f. After 12–18 hours the splint is dry and moderately firm, and the leg may be taken down and laid on a pillow. After 24 hours it should be cut up along the front. This can readily be done with a sharp knife. If strapping has been placed down the front of the leg, there is not much danger of cutting the patient.

g. After being cut up, it may be removed, and strapping should be placed along the edges and the top and bottom. The strapping should be one and a half inch wide, so as to overlap for three-quarters of an inch on both the inside and outside. In order to make it lie smoothly on the latter, it will be necessary to snip it transversely at intervals. This edging of the splint with strapping makes it look far neater; it also renders it more durable, as it keeps the edge from fraying. The splint is now replaced, and fixed with common bandgages.

The hardening of the splint depends on chemical action, viz., the decomposition of the silicate of potash by the CO_2 of the air, finely divided silica being thus deposited in the meshes of the bandage. If this is borne in mind it will be obvious that free access of air is essential, and that heat in the form of hot water bottles will in no way hasten the process. After twenty-four hours the splint is quite firm, but it goes on hardening for nearly a week, at the end of which time it is far harder than any form of plaster splint.

When completed, a well made silicate splint possesses the following advantages:—

1. It is extremely light, but at the same time perfectly rigid. It is far more durable than any plaster splint, and will last for months without impairment.

2. It is lined with a smooth layer of soft gamgee tissue; and since this is a part of the splint it cannot ruck up or crease.

3. It is easier and less messy in application than any plaster splint. Only one assistant is required to support the leg during the bandaging.

Hence this form of splint would appear to be specially suited for private practice. The materials, moreover, are not very expensive, although gamgee tissue, being a patent material, costs far more than it should do.

Limits of applicability.—Although possessed of the above advantages, it is only in certain cases that silicate can replace plaster. This depends on the fact that it takes at least twelve hours to set. Hence it is not suitable if any deformity has to be reduced and the limb immediately fixed in the improved position; that is to say, it cannot often be used in the treatment of recent fractures. It *is* especially useful in operation cases, such as excision of the knee, wired fractured patella, exploration of the knee-joint, when the ordinary splints with which these are primarily treated have been removed and it is desired to let the patient get up. It is also very valuable in chronic synovitis of the knee or ankle which requires treatment by rest. Lastly, on account of their lightness and strength, silicate bandages are far better than plaster for securely fixing Thomas' hip or knee splints.

Precautions.—The two mistakes most frequently made are (1) using the silicate bandages too wet, and (2) not allowing free exposure to the air while setting. Either of these make the silicate soak through the gamgee, which as it hardens produces hard patches on the inside

* Silicate of Potash is sold by Messrs. Hopkin & Williams, at 4d. per lb. It is a syrupy liquid.

of the splint. Splashes of silicate on the floor or mackintoshes should be removed as soon as practicable with warm water, a little alkali being added if there is any difficulty. If left all night insoluble silica is deposited and the stains are then very troublesome to get rid of. Hot water at once removes silicate from the hands.

PLASTER OF PARIS SPLINTS.—GENERAL.

Four forms are in common use, viz., plaster bandage, Sayre's jacket, Croft, and Bavarian.

All these consist of some porous material impregnated with moistened plaster of Paris, which sets into a hard mass. This *setting* of the plaster is the essential point in all these splints. On its satisfactory occurrence their success or failure depends. In spite of this the requisite precautions are so often omitted that it may be worth while to run over the process in detail.

Plaster of Paris is calcium sulphate or gypsum which has been deprived of its water of crystallization by heat. On being mixed with water each molecule takes up two molecules of water and *sets* into a solid crystalline mass of the formula $CaSO_4+2H_2O$. Hence it follows that for the efficient performance of the process there are necessary, firstly properly dehydrated plaster, and secondly a suitable quantity of water.

1. If plaster is kept in the ward it rapidly abstracts moisture from the air and combines with it. When such plaster is used, a large part of it is already "set," *i.e.*, it cannot combine with any more water, and is in consequence as useless and injurious as if the same quantity of sand had been mixed with the plaster. Such plaster can, however, readily be rendered fit for use by putting it in the oven for half an hour, whereby the water it has taken up is again driven off. Hence the rule only too often neglected, that (unless it is absolutely fresh) PLASTER OF PARIS SHOULD ALWAYS BE HEATED BEFORE BEING USED.

2. The other essential is a suitable quantity of water. Two molecules of water to each molecule of plaster are required to make it set, and a slight excess, to make it work easily, which evaporates as the splint dries. If too little water is used some of the plaster remains inert and the whole sets badly; if too much, it does not prevent setting, but the splint takes longer to dry. Practically THE MISTAKE OF ADDING TOO LITTLE WATER IS USUALLY MADE. If added in right proportion the mixture should be of the consistency of THIN CREAM, without any lumps, which can be readily poured from one vessel to another, but which in about five minutes sets into a solid mass. It is not uncommon to see a mixture of the consistency of thick mud employed. This always means that there is too little water; it will not set properly and the resulting splint will be soft and crumbly.

3. Lastly, it must be remembered that plaster sets very rapidly. A Croft is quite set in half an hour; the subsequent process is simply the drying out of the excess of water. If it is soft at the end of this time, the plaster has not set properly, and it will be a failure; it may get more crumbly as it dries, but it will certainly not get any harder. In short, for satisfactory splints the two essentials are: (1) freshly heated plaster; (2) sufficient water to make a thin cream. If these were always borne in mind far fewer splints would require to be put on a second time than is now the case.

While on this subject, a note may be added about the preparation of plaster bandages. These are made of crinoline into which plaster is rubbed; usually not nearly sufficient plaster is used. The rule to be followed is that the bandage should be covered with enough plaster to obscure all the pattern. They should not be rolled too loosely, and should not be kept on end, or much of the plaster drops out. They should, of course, be dried in the oven before being used.

Leaving these general considerations, it remains to consider the various plaster splints in detail.

PLASTER BANDAGES.

Very little need be added on this subject. They are chiefly employed in the treatment of sprains and fractures about the ankle, in cases of talipes, for spicas of the hip, and in association with other splints, *e.g.*, Thomas' or Howse's excision splint, in order to fix the limb more securely.

It is best to sew gamgee tissue round the limb in the manner described when dealing with silicate, but in out-patient practice common wool is usually employed. The bandages are well soaked in water, squeezed moderately dry and then wound round the limb. If the bandages have been properly prepared they contain quite enough plaster, and the usual practice of rubbing in more during the bandaging adds enormously to the weight and is quite unnecessary. To give additional strength without much increase in weight *strips of perforated zinc* may be laid between the folds of the bandage. A few such strips laid across the fold of the groin will effectually prevent a spica of the hip from cracking in this situation.

In order to remove a plaster bandage all that is necessary is to immerse the limb for some minutes in warm water, after which it may be unrolled without difficulty. A recollection of this fact will save many a dresser's time and temper. If, as may be the case in a spica of the hip, it is not possible to soak the bandage in water, the bandage may be softened by painting dilute hydrochloric acid along one side so that it may be cut by scissors. Windows may be cut in plaster splints in a similar way. Lastly, the best thing for removing plaster from the hands is soda, and not, as is often stated, common salt.

SAYRE'S JACKET.

In principle this is precisely similar to the above, and the same precautions are to be observed. It may be remarked in passing that these jackets are usually made far too thick and heavy. With properly prepared bandages and a few strips of perforated zinc intelligently adjusted, they can be made quite strong enough without loading on a superfluous half inch of plaster. (For a detailed account of Sayre's Jacket, *vide* Heath's "Minor Surgery and Bandaging.")

(To be continued).

Passim.

The cricket team, though they started the season none too well, have made full amends for it by finishing up in splendid fashion, bringing back the cup to its old home after a couple of years' absence. Fortune favoured us in the draws, the strongest of the other hospitals being drawn against each other, and we had no opponents to cause much anxiety until the final was reached. The result of this is now well known to all Guy's men. University College Hospital were defeated by the narrow margin of two wickets, after a splendidly fought-out match. This result is all the more gratifying because after the first day's play our position—fifty runs to the bad—was not a cheerful one, and it was really owing to Wetherell's brilliant effort of eighty odd in the last innings that won us the match and the cup. We sincerely hope that it may be long before it again leaves us.

We are glad to announce in to-day's issue the success of Mr. J. F. Northcott in the London Intermediate M.B. Examination, in which he has brought the gold medal in Physiology to Guy's. While we congratulate him, we can only say that the success was both deserved and expected; and the other results are much in accordance with the prophecies of the experts. The medallist is another of the entrance science scholars who have brought much fame and honour to the hospital in recent years. Attention will now be turned to the final examination in October, when the candidates, who have done brilliantly hitherto, may safely be expected to distinguish themselves again; although, as has often happened before, several of the best men are taking their M.B. final comparatively early and are thus forfeiting the almost certain prizes that would await them if they could defer the examination for a year. A late house-surgeon, however, whom, as we value his friendship, we will not further specify, is bound to do brilliantly, unless there is a very great mistake somewhere.

We have also to congratulate Mr. E. J. O'Meara on his position as fifth in the list of successful candidates for the Indian Medical Service. Guy's sent no other candidate, and Mr. O'Meara's work was entirely the result of honest work at his books and in the routine appointments and the out-patient department of the hospital, before he had filled any of the higher posts. It is a fresh proof of the excellent all-round education of our school, which provides for men who are not prize-winners, as well as for those who aim at the highest distinctions. In fact, whereas in most places of education it is the prize-winners who often receive too exclusive attention, at Guy's the complaint is reversed; and the men who enter for the higher examinations are left for the most part to their own devices. This course is certainly the more honourable, and is often very salutary to those who are thus compelled to rely on themselves; but it is carried a trifle too far, and will, we hope, be modified within the next few years, without prejudice to the ordinary examinations.

At the same time we are glad to present to our readers such an excellent account of medical work under the Indian Government as is contributed to our columns this week by Surgeon-Captain Birdwood, of the Indian Medical Service. Mr. G. T. Birdwood left Guy's in 1893, and on returning for leave last year, was so frequently asked by qualified and unqualified men about the life and work in India, that he has written this account in answer to his questioners, and in the hope they will be of use to others who may be thinking of entering the service. In these days, when we feel that we are Britons and proud of it, service in one of the most picturesque and most important quarters of our empire has great attractions, and service under government, with fixed pay, good position, and comfortable prospects, is a very weighty argument in the scales against general practice at home. As most people know, the Indian Medical Officer has his choice of serving on the military or civil side of the profession; the present article deals with the latter only. Perhaps some other old Guy's man will do the same for us on the military side; and others will write us similar articles on the other branches of our all-embracing profession.

It has been suggested that, as a sequel to the interesting and useful articles sent us recently on the subject of settling down in practice, and published in April and July last, we should arrange for a paper on the subject of setting up a dispensary, which most Guy's men will sooner or later have to do. If any old Guy's man in practice would be willing to write something of his experience on the subject, we should be glad to hear from him.

A circular from the Admiralty in Northumberland Avenue announces that an examination of candidates for entry into the Medical Department of the Royal Navy will be held in the Examination Hall, Thames Embankment, on Monday, 22nd November, 1897, and following days. The number of commissions to be competed for will be announced later on. Forms to be filled up by candidates will be supplied on application at the library. Why, by the way, do the noble Lords of the Admiralty see fit to examine the intending naval surgeon in midwifery?

It is a wretched nuisance that there should be such a multitude of examinations for the various departments of public medical service, as is at present the case. Inasmuch as the War Department, the Admiralty, and the Indian and Colonial Offices all require similar qualities in their medical servants, although in very varying degree, it is absurd, and it is characteristic of our lazy methods of home-government, that each office should hold its examination separately and at varying and irregular intervals. The fact is, we believe, that there is no love lost between the different government-offices; and until the taxpayer finds out that his money is being wasted, the offices will do anything rather than co-operate. The profession, too, so long as that is supposed to be represented by the consultants and public examiners, would of course object to the abolition of a profitable source of income. But the gain to men in being able to enter for fifty vacancies at a time, instead of fifteen, and if they missed one service, choose another, would be very considerable; and would be sure to bring a better set of men into the services, just as a similar co-operation between the Home and Indian governments has conferred a considerable benefit on the different branches of the Civil Service.

The arrangements for the opening of the winter session are now complete, at least in so far as the Clubs' Union and Physical Society are concerned. The opening meeting of the winter session on Monday, the fourth of October, is to be occupied by an address from Dr. Muspratt of Bournemouth, in the new physiological theatre. Prior to that, a house-dinner will be held in the club, at which Mr. Cosmo Bonsor has consented, and it is hoped that Sir Samuel Wilks will also consent, to be present. Only a hundred tickets are to be issued and there will probably therefore be considerable competition for them. Early applications should be made to Dr. Fawcett, who will make a further announcement in our next issue in three weeks' time.

Old Guy's men will be interested to hear that the one fives-court, which has survived the building operations of the past year, has been greatly improved by the addition of a back wall and other improvements; insomuch that squash racquets is now a daily pastime; and no light one either, even in flannels. As the courts were originally the gift of the hospital, and not the property of the medical school, it is our duty, as well as our pleasure, to thank the superintendent again for all the good things he has done.

We noticed not so long ago that Dr. Sykes, our esteemed lecturer in public health, had achieved no less a distinction than that of a leading article in the *Daily Graphic*, written with all the flippancy and triviality that we expect from that page of the London press. The Medical Officer of Health for St. Pancras appears to have found considerable traces of copper or other metal in fruits that have been preserved in tins for several months or years; and he, sensibly enough, wishes the State to take measures to ear-mark them according to the date of their preparation. Not a few cases of obscure poisoning have occurred of late in which there has been reason to suspect the virtues of tinned fruit, and Dr. Sykes will have done good service if he is right in the conclusions which have led him to connect the tins with the poisoning and to caution the public accordingly.

A correspondent from Redhill sends us a cutting from the *Hampstead Advertiser*, in which we read that Mr. Johnson T. Musgrave, of College Terrace, Belsize Park, N.W., an old Guy's and Edinburgh man of very long standing, was recently presented with a handsome testimonial by his patients and friends. Mr. Musgrave was qualified in 1844, and for forty-six years has had a large practice in St. John's Wood and Hampstead, from which he is now retiring. The spokesman, in making the presentation, referred in the warmest way to the universal affection and esteem in which Mr. Musgrave was held both by rich and poor throughout the district. From the other end of our professional life we may wish him, on behalf of all his old Guy's friends, many years yet in which to enjoy life and good fortune.

Mention of the Order of St. John of Jerusalem in England brings back to mind ambulance classes in the days of our youth; otherwise the Order was a myth. What on earth, therefore, a Knight of Grace of that ilk has to do, we are at a loss to know. However, Charles Knott, Esq., M.R.C.S., has been appointed K.G. of this Order, otherwise written K.G.O.S.J.J.E., and all but those who have to write to him in his official capacity, will be glad to hear of the honour done to another of the profession. The "Tiny Tim" cot has not left its originator long unrewarded.

In our last issue we referred to Dr. Salter's appointment to the Gull studentship as the second appointment only that had been made since the founding of the studentship in 1891. As a fact, of course, Mr. Hopkins only held the studentship till 1894, when Mr. Herbert Durham succeeded him; and Dr. Salter will do well if he does as good work as Mr. Durham has done in the last three years.

When we are surgical ward-clerks, we are always interested in seeing a plaster splint put on; the operation being generally conducted at night, has a flavour of romance about it, coupled with the primitive love for mud-pies, which it reawakens within our bosoms. When we come on as dressers, we remember the main features and more especially the romance of the process; but the details are probably conspicuously absent from our minds, and, as a dresser's dignity must be preserved in the presence of the clerks, we slur over the small points as well as may be; and if next morning the splint is of the consistency of suet-pudding, we lay the blame on the plaster, and put on a second splint, if possible, without telling the clerks. Hitherto, in fact, plaster splints have frequently been put on in a very haphazard way, sometimes well, generally badly, and we have had nowhere to turn to for hints in the matter. It was with a view to this that we publish in our columns today the first instalment of an article on the subject, which we hope will be useful both to dressers and to men in practice.

Our commissioner in serum-therapeutics was hoping to send us for this issue an account of the latest methods of standardizing the antitoxic unit. But unfortunately at the eleventh hour Professor Ehrlich brought out an epoch-making paper, absolutely revolutionizing the whole subject, and we can only look forward to our commissioner's report for the next issue.

Members of the staff of the Medical School, who are unable to find photographs suitable for reproduction, according to a circular lately sent out from the Gazette office, are requested to be so kind as to communicate with us, and arrangements can then be made for an interview with the hospital artist. It is hoped that the collection will be absolutely complete by the eleventh of September.

It was annoying, after the shouts of triumph with which we heralded three weeks ago the glorious progress through Parliament of the University of London Bill, to find in the following week that the Bill had been dropped on account of the transparent and wholly inadequate opposition of Mr. Fletcher Moulton, Q.C., and his hypothetical following in the House of Commons. The Government must be in a very poor way if they are unable to face an irresponsible letter in the *Times*, traversing ground which has already been amply discussed and settled.

Poor Charity, with her three children, sitting in ironwork over the front gateway, has often been libelled by the inhabitants of the Borough. But the latest version of the Guy's crest is far the best. It comes from an American lady, who takes it to represent the first patient admitted to the hospital,—presumably a woman with triplets, the little dears playing about her knee.

Two instances of fœtal monstrosity have lately been met with in the Charity. The first was a case of conjoined twins, the two bodies being united only down to the umbilicus, below which they were separate, while the four pairs of limbs and the two heads were well formed. On examination, two pairs of lungs were found, and two sets of abdominal organs, but the heart was single. It will be interesting to hear further details of the arrangement of the vessels, when they have been carefully worked out. The other was a case of abnormal development of the lower part of the body, the integuments over the bulging abdomen being thin and transparent, while the apertures were absent, and the lower limbs were united throughout their length. This production lived thirty-six hours, and in the skiagram proved to have its thighs crossed under the common coverings of this conjoined, median, lower limb.

A certain jeweller in the suburbs, so we hear from a correspondent who deals with him,

was unpacking some few days back a case of clocks, which he had ordered from Germany. After undoing sheet upon sheet of *Fliegende Blätter*, *Kölnische Zeitung*, and what not, in which the clocks were packed, he finally came upon a leaf of English paper,—a sheet of the Guy's Hospital Gazette for April 24th, 1897, including a pass-list with the name of the said correspondent in it. Thus is every one who passes his College of Preceptors, or his Pre. Sci. from Guy's immortalized and his fame spread through the Fatherland and the world.

Mr. Hall Caine has delivered himself of his ideas on Christianity and on wicked nurses in a novel entitled "The Christian." Those who have tried it say it is a very wicked book; and there is no saying what may have been concealed in the glorious ambiguity of Mr. Gladstone's remarks on the subject. But all might be forgiven to Mr. Hall Caine, even by the libelled nurses, if he had only spared us the terrible prospect, which appears imminent, of seeing it on the stage, dramatized for and perhaps by Mr. Wilson Barrett. However, if the book is not worth reading, the reviews are.

The October appointments' list closes on Monday, the sixth of September.

The *Guyoscope* refuses to relieve the monotony of existence until we have brought out another number.

The Gazette will come out in three weeks' time, on September 11th; and after that will appear fortnightly.

The Services.

(From our Special Correspondent).

NAVAL MEDICAL SERVICE.

Surgeon W. J. Maillard to the *Hazard* (torpedo gunboat, Mediterranean).

Surgeon S. Croneen to the *Triton* (Home Surveying ship).

Surgeon Croneen has not yet been able to join the ship to which he is appointed, owing to a severe attack of subacute rheumatism for which he is under treatment at the Royal Marine Infirmary, Deal.

There will be an Examination for Commissions in the Medical Department of the Navy in November, but the date and number of vacancies have not yet been announced. Competition for this branch of the Service continues in a very healthy state, and is, not unnaturally, affected by the fierce light at present concentrated on the position and prospects of medical officers in the sister service.

Pass List.

University of London, July, 1897.

Intermediate Examination in Medicine.

Examination for Honours.—Physiology and Histology.—First Class.—J. F. Northcott obtained the Gold Medal.

Second Class.—E. A. Miller.

Materia Medica and Pharmaceutical Chemistry.—First Class.—J. Atkins.

Second Class.—E. A. Miller.

Entire Examination.

Second Division.—J. A. Butler, P. W. L. Camps, D. G. Greenfield, G. Lewin, H. McD. Parrott, E. Stott, G. T. Wrench.

Excluding Physiology.—First Division.—A. W. Penrose.

Second Division.—P. T. Manson, O. Marriott.

Physiology only.—Second Division.—A. Densham, E. C. B. Ibotson, B. W. Moss, E. E. Parrett, W. G. Stewart.

Intermediate Examination in Science and Preliminary Scientific Examination Conjointly.

First Division.—W. E. J. Tuohy.

Honours Candidate Recommended For a Pass.

A. E. H. Pakes.

Preliminary Scientific Examination.

Entire Examination.

Second Division.—H. M. Goldstein, C. H. Robertson, A. H. E. Wall.

Chemistry and Experimental Physics.—K. Anderson, J. Braithwaite, P. W. Hamond, A. W. Iredell, L. G. Nash.

Biology.—* W. H. Cole, * L. J. Hughes, W. C. Lewis, * G. S. Robertson, * F. C. Robinson.

* Denotes completion of Examination.

First Conjoint Examination.

Chemistry and Physics.—C. M. Anthony, R. E. Brayne, R. T. Collins, J. W. Gromitt, G. S. C. Hayes, R. L. Jimenez, W. W. C. Jones, G. C. Lowe, R. P. Marshall, T. G. Miles, G. Moir, H. W. Morris, R. Moyle, A. C. Osburn, S. L. Prall, W. O. Roberts, S. S. H. Shannon, M. C. Wetherell.

Practical Pharmacy.—F. S. Batchelor, C. H. Brangwin, H. W. Fox, G. J. Lewis, A. C. Nash, E. Roberts, R. S. Roper.

Elementary Biology.—R. T. Collins, A. W. Gater, L. Hirsch, H. W. Morris, F. M. M. Ommanney, C. A. E. Ring, A. W. Soper.

Materia Medica.—E. H. Cragg, R. S. Rowland.

Correspondence.

To the Editor of Guy's Hospital Gazette.

An Appeal.

Dear Sir,—May I be allowed to ask the help of your readers on behalf of the wife and family of an old Guy's man—C. F. Campe—who have been left entirely unprovided for by his sudden death? His career had been chequered by many adverse circumstances, and latterly failing health caused the struggle to support his wife and eight children to be keenly felt. Donations, however small, will be thankfully received by,—Yours faithfully,

HORACE RICHARDSON.

530, Commercial Road, E.,
August 16th, 1897.

[We shall be glad to forward any sums that may be sent to us for this purpose; and to publish an account of the fund, if need be, at a later date.—Ed.]

The Indian Medical Service.

By G. T. Birdwood, M.A., M.D., D.P.H., Surgeon-Captain I.M.S.

There has for some time been much discussion about the rights and wrongs of army medical officers, and on the merits and demerits (especially the latter) of employment in the Queen's services. I have, therefore, put these few notes together concerning the I.M.S. with the hope that they may be useful to students or recently qualified men at Guy's who have thoughts of entering the service, and who would like a fuller knowledge of the life, pay and prospects of an Indian career before they come to a definite decision to enter thereon.

Some of the unpopularity of the Army Medical Service has, I am sure, been reflected on the I.M.S., for I saw in the newspapers that at a recent examination in London for appointments to the I.M.S. there were only 24 competitors for seven appointments. In these days of keen competition for private practice at home, if men knew how many really good appointments there were to be had in India, presenting work of great scope and of every variety, there would be keener competition for the service than there is. By good appointments I mean not only remunerative, but positions where the best professional work is to be done, work which makes constant demands on a man's memory, skill, tact, and the store of knowledge which has been so thoroughly and kindly taught during the student days at Guy's.

There are in the I.M.S. 648 medical men. There is a popular idea that the majority of them are in military employ. This is far from being the case. Only 309 are in regimental or military employment; the rest, 339, are employed by the civil administration. Together with a few native practitioners and a few private surgeons to tea and railway companies, they supply a country of 291 million inhabitants with general practitioners, sanitarians, professors in medical schools, chemical examiners, bacteriologists, port surgeons, and surgeons for jails and lunatic asylums. A no light burden.

The 648 men in the I.M.S. are distributed among the three presidencies of Bengal, Madras, and Bombay. Although these three are now amalgamated under one head and interchange is possible, yet a man generally sticks to the presidency to which he first goes. I will now give a list of the number of men in the different classes of appointments. It will be seen that Bengal has most appointments, especially professorships and civil stations, and hence it is the most sought after.

Nature of Appointment.	Number of Appointments in Bengal.	Madras.	Bombay.	Total.
1. In Military employment ...	165	87	57	309
2. Civil Stations, with some Jails	112	46	24	182
3. Professorships, or Superintendent of Medical Schools	18	11	12	41
4. Agency or Residency Surgeon at a Rajah's court ...	19	6	5	30
5. Resident Surgeon at big hospitals without professorship	7	2	2	11
6. In Jail employ only	16	3	2	21
7. Sanitary employ only ...	8	3	6	17
8. Inspector General of Civil Hospitals or Jails	6	1	—	7
9. Medical Store Depôt ...	1	1	1	3
10. Port Officers	2	2	3	7
11. Miscellaneous appointments	14	2	4	20
	368	164	116	648

In miscellaneous appointments are included secretaries to boards of examiners and to principal medical officers, curators of museums, naturalist to the Government of India, superintendent of lunatic asylums, etc. The figures are compiled from the Indian Army List.

(1). Of the appointments in this list the professorships in surgery, medicine, and allied science are of most value. They are held in big towns, and generally include also an appointment on the staff of the hospital. The chief centres of medical education are Calcutta, Lahore, Agra, Madras, Hyderabad, Bombay and Poonah, in all of which places there are large hospitals and medical schools attached, from which many well-educated natives yearly enter the profession, and more or less successfully compete with service men for private practice in the large towns.

(2). The surgeoncies at the civil stations vary very much in value. They generally consist of the charge of a government hospital, sometimes a large one, with one or two (sometimes several) outlying dispensaries in the district, both of which grant free admission and medicine to the poor. The outlying dispensaries are under a native

subordinate, whose work has to be inspected once a month. If the civil station is a large one, of which there are many, such as Lucknow, Allahabad, Benares, Cawnpore, a large private practice (the usual fee being sixteen rupees or £1) among Europeans and wealthy natives may be made. This income is private and additional to the pay received for doing government work. If the station is a small civil station, there will be little private practice, but the pay of the appointment will be found ample to live comfortably upon, and to the ambitious the practice in medicine and surgery alone will render the appointment attractive.

(3). In military employment the doctor's pay increases with his years of service. On first coming out to India, till the language examination is passed, he gets R400 a month. After that, when he is permanently appointed to a regiment, the scale of pay is as follows:—

	Per mensem.
A Surgeon-Lieut. ... ... A Surgeon-Capt. under 5 years' service	R450
A Surgeon-Capt. over 5 years' service	R600
A Surgeon-Major 12—20 years'	R800
A Surgeon Lieut.-Col.	R1000

A Surgeon-Colonel generally holds some administrative appointment as principal medical officer of a district or division, and his pay ranges from R1800—2250 a month. A Surgeon-General receives R2500 a month.

As to the equivalent of these sums in English money, when the rupee is at its proper value—R450 a month roughly corresponds to £450 a year, R600 a month to £600 a year—but at present the rupee is much below par, and if a man has to send money home to Europe, he loses heavily; but as long as he remains in India, and lives mainly on Indian products, his pay is more than ample for the provision of the ordinary comforts and necessities of an Indian life, and will enable him, if he lives with average economy, to put by a sum into which he can dip when he goes on a year's leave to England or Kashmir.

(4). To the keen sanitarian, there are Sanitary Commissionerships and Deputy Sanitary Commissionerships in every province, in which appointments he will find ample scope for the employment of his talents: either in stamping out cholera or plague, or finding out the sources of typhoid infection, or in regulating the sanitary arrangements of large pilgrim fairs. These appointments are given to service men and are well paid. Many I.M.S. men now take the D.P.H. when they come home on leave, with a view of getting one of these appointments. To the bacteriologist and pathologist there is a large field for work. The works of Cunningham, Vandyke, Carter, and Fayrer, show what can be done. It remains for the present and future generations to attack the many problems yet unsolved.

(5). The appointments of Agency or Residency Surgeon at a Rajah's court, of which there are nineteen, are given to I.M.S. men by Government. They are appointments of much responsibility and are well paid. They also carry some private practice with them. The medical officer not only has charge of the hospital in the capital of the State, but has also to direct the organization for medical relief throughout the state, and in some case also to superintend a medical school. Positions of no light work or responsibility; in which, if a man does well, he may be sure his life's work has not been spent in vain.

As regards the pensions given in the I.M.S.: they compare, I think, favourably with the financial result of 20–25 years' work of the general practitioner at home. The pensions are as follows:—

After 17 years' service	£292 a year.
„ 20 „ „	£365 „
„ 25 „ „	£500 „
„ 30 „ „	£700 „

If a man serves five years as a Surgeon-Colonel he gets an additional £250; if he serves five years as a Surgeon-Major-General he gets an additional £350. So that the highest pension a man can get is £1050. All years spent on leave count as service.

As regards pay while on leave, this increases with the years of service and is as follows:—

Leave during 1—5 years' service	£200 a year.
„ „ 5—10 „ „	£250 „
„ „ 10—15 „ „	£300 „
„ „ 15—20 „ „	£400 „
„ „ 20—25 „ „	£450 „
Above 25 „ „	£500 „

This pay also applies to sick leave. These rates, most will agree, are very generous. A man gets a whole year, during which no work whatever is demanded of him, and no anxiety haunts him that his practice is passing into the hands of another. Sick leave is given liberally. If a man is invalided too often he is put on half-pay; if he becomes a confirmed invalid he is allowed two and a half years on half-pay before he is asked to leave the Service.

As regards the scope for surgical work in the Indian medical service, it would interest some of your readers to have a few facts from the annual report on the Civil Dispensaries in the Punjab. They will give some idea of the work which is done and which can be done by I.M.S. men. The Punjab has a population of 20 millions, and it is only about one-fifteenth part of British India. There are 257 hospitals and dispensaries in the Province. The number of major operations performed in these hospitals during the year were 20,094. The chief figures among these are:—

(1) Litholapaxy	1,495
(2) Lithotomy	414
(3) Amputations	199
(4) For large tumours	802
(5) On abdomen	931
(6) Extraction of lens for cataract ...	6,216
(7) Other eye operations	1,651

The Mayo Hospital at Lahore heads the list with 1,836 operations in the year, then comes Amritsar Hospital with 1,776, Jullunduur with 1,230, Guzrat with 995. The Punjab is divided into 30 civil medical districts, the

civil surgeoncies were held during the year by 52 I.M.S. men (some only acting for a short time while others are on leave); they are assisted by 44 assistant surgeons and 210 hospital assistants, who are native gentlemen with medical qualifications, from one of our colleges out here, and who enter the subordinate medical service by competition. Of the 20,094 major operations—

Commissioned I.M.S. men performed	...	5,971
Assistant Surgeons "	...	10,101
Hospital Assistants "	...	4,022

The four surgeon-majors who head the list of operations, performed each on an average 800 major operations in the year. From these figures it can readily be seen that there is a very large field for surgical work for any one entering the I.M.S. who is willing and able to do it.

Perhaps some of your readers would like to know what one's own private experience of the service has been. After landing in India at the end of 1893, the summer of 1894 was spent with a Bengal lancer regiment at a small station in the Punjab. The work consisted in the medical charge of 800 to 900 native soldiers, and about 9 to 10 British officers and their families. Here one was first introduced to the many varieties of Indian fevers, dysentery, sunstrokes, and other eastern diseases. One learnt a good deal about recruiting and physical fitness, medical equipment of regiments, hospital supplies, official return of sick, etc. Professionally the range of work in military employment is small, and certainly in my opinion not good enough to stay in all one's service. One's spare moments were occupied in learning the native language, or in the riding-school, or in becoming familiar with the etiquette of Indian life. Socially the officers of the regiment are in every way polite and kind to their doctor, he is made a member of the mess and he enjoys the full advantages and privileges of it with the other officers. They are always willing to give him help and hints in riding, shooting, or on any subject in which he wants their aid.

After six months of this work orders arrived to go on active service to Waziristan. Camp necessaries were soon procured, and I found myself with three other medical men doing duty with a field hospital. Here one was made familiar with the difficulty of supplying an armed force of any size with sufficient medical aid. Much experience was gained in managing the transport of sick, and the forwarding of medical stores and comforts. Dysentery, scurvy, malaria, sore feet, pneumonia, and a few gunshot wounds were the chief diseases to contend with. The necessity of having to rough it, and of meeting difficulties and dangers with a serene countenance, when the thermometer stands at 95°, are not without their moral value. Camp life for a short time is very pleasant, but after a few months one pines for the benefits of civilization, and most men feel that the medal given nowadays for expeditions has been justly earned.

Since returning to India, after a year in England, my time has been spent in the Kurram Valley, a small out-post up in the hills, 120 miles from the railway, and within 100 miles of Cabul. There are four or five stations on our frontier combining both military and civil work, an extra allowance being given for the latter; Kurram is one of these. The work consists of the medical charge of 1,400 troops and the civil hospital. There is here a native city; in the valley and surrounding hills there are numerous villages. As there is no other English doctor within 100 miles, the inhabitants readily come into the hospital for treatment, and I often have more out-patients than I wish to see. Government has given to the civil hospital a very good set of eye and bladder instruments and a general operative case. Since coming here six months ago, there have been 70 major operations performed in the hospital, 15 of which have been for cataract, and many for necrosis and gunshot wounds. My assistant, a native, educated at Lahore Medical College, is a very good and reliable anæsthetist, and in cases of difficult diagnosis I constantly consult him. This number of operations is not very great, but it is enough to be a heavy responsibility, and if the most is made of every case, enough to give one much experience and to be a great interest in life.

I have dwelt most on the financial aspect of the I.M.S., and I do so purposely, for many ask, "Is it worth my while to go to India and to live in exile?" I have shown that the pay and pensions of the Service are not every large; but, on the other hand, they are generous, and ample to live comfortably upon. I have shown too, I hope, from the nature and scope of work to be done in India, that the Service should not be regarded from the financial aspect only, but more as a field for doing good and useful work. The Service has many disadvantages, and no one who has been in India can ignore them. Exile, separation from wife and children, a long, hot Indian summer, greater risks of life, depreciating rupee, form a catalogue of evils which must be considered by the man who thinks of entering the Service. On the other hand, there are many advantages: many good stations, many good appointments, much good professional work to be done, honourable posts to be gained, freedom from financial anxiety, liberality in times of sickness, provision for old age; these counterbalance many evils, and will weigh with many. To those to whom the daily round and honourable toil of private practice would be irksome, India offers a freer and a more travelled life. Riding, shooting and fishing are within the means of all; and if overburdened by work or study, ten days' leave can generally be got, which may be spent in the hills or in the jungle. A doctor in military employment can generally get two months' leave in the year in India (this does not interfere with leave to England); a much appreciated holiday, which may be spent in travelling, shooting or fishing in Kashmir or at one of the many hill stations.

Acknowledgments.—Clinical Journal, Hospital Treatment, Therapist, Liverpool Medico-Chirurgical Journal.

Novelties.

MATERIA MEDICA, PHARMACY, ETC.

Southall's Sanitary Towels, Etcetera.

Messrs. Southall Bros. & Barclay, Birmingham, have sent a full series of their well-known "Sanitary Towels." We believe that Messrs. Barclay were the original makers of this exceedingly useful article. The present series represents a very considerable advance upon the original. They are made by an improved patent method of folding, which requires a much larger quantity of gauze than is the case with the old-fashioned method in which the absorbent wool was simply cased in a piece of gauze. The shape of the "Towel" by this improved process is better for the use of women; they are more comfortable, absorbent, and cleanly. We can say from the reports we have received from those who have used the samples that they are in every respect a thoroughly comfortable and efficient article. The size "O," recently introduced by this firm, is made by a special process; it consists of an absorbent mixture of finely divided cellulose and the newly discovered white infusorial earth termed Diamatos. This substance is capable of absorbing six times its weight of liquids.

Southall's "Knapenette's" are intended for infants; they are very soft and cleanly, and in every way superior to the old napkin.

The Sanitary Wool Sheet will be found a great boon for women; it is comfortable, elastic, and cleanly, and at the same time antiseptic.

The "Combination Stocking and Towel Suspender" can be recommended as a useful article, and well adapted for the purpose intended.

The Kenilworth Violet Powder is specially prepared by Messrs. Barclay for nursery use. It appears to be an excellent article.

The "Alformant."

The great antiseptic value of a 40 per cent. solution of formaldehyde or formalin has been proved beyond doubt. Dr. Rideal has shown that a solution of 1 in 20,000 prohibits the growth of spirillum choleræ, and 1 in 15,000 that of bacillus typhosus and anthracis. Formalin gas is also a reliable disinfectant for surfaces and for articles such as curtains, clothing, carpets, etc. Experiments which have been made upon formalin as a disinfectant, show that it produces no change in the textile characters of wool, silk, cotton, linen, hair, etc., and little, if any, change in the colour of the fabric. It, however, attacks iron and steel, but zinc and gilt work are not acted upon.

Formaldehyde is capable of polymerization; in this state it assumes the form of a white powder capable of sublimation by heat without decomposition. This polymerized formaldehyde or paraform is very slightly antiseptic. During sublimation its vapours, brought into contact with water and carbonic acid, are converted into formaldehyde.

The "Alformant" is a lamp designed for the production of formaldehyde gas from paraform by the action of the products of ordinary combustion upon its vapour. It consists of a small spirit lamp furnished with a glass chimney into which fits a metal cup, having the upper part open mesh work. Another smaller metal cup, intended to contain the solid paraform, fits into this. The water and CO_2 produced by the burning spirit pass through the mesh and come in contact with the vapours coming from the heated paraform, and thus a constant supply of formaldehyde gas is produced. The paraform is compressed into one gramme tablets, and it is stated that one tablet diffused in a room of 1,000 cubic feet will deodorize and sterilize the air of a sick room, while ten tablets in the same room capacity will inhibit growths of any micro-organisms even if developed in stuff material. According to Dr. Aronson, the vaporisation of seventy tablets is harmless to man. The "Alformant" is supplied by the Formal Hygienic Company, Limited, 9, St. Mary-at-Hill, E.C.

House-Surgeons' Fees in Court.

A case of interest to past, present, and future resident hospital officers, occurred in the City of London Court on Wednesday, when a house-surgeon from St. Bartholomew's was called by the plaintiff, a hospital patient, in an action for damages, brought against the owners of a waggon that had caused the accident. Dr. Grace, the officer in question, before giving evidence, stated that he had received no fee for special evidence; his answers accordingly were brief in the extreme. The man had a bruised hand on admission, the bruise had since passed away. He could not say whether the plaintiff was able to bend his fingers, as he could not tell whether he was trying or not to bend them. "Mr. Lynch for the defence called the doctor's attention to the fact that the jury were men of the world. If Dr. Grace really could not express an opinion, it was well that the authorities at St. Bartholomew's Hospital should know it. The doctor was one of the surgeons accustomed to deal with accident cases." After a long and ardent peroration on Dr. Grace's iniquities, Mr. Lynch sat down and the assistant judge said that the case was singular in some of its features. He thought that Dr. Grace took the wrong view of his position. In the present instance "the doctor was asked to come not as a specialist, but as the only medical man who knew anything about the case. Specialists frequently declined fifty guinea fees to go into court, but then others could be obtained who answered the purpose equally well. It might be that Dr. Grace did not like wasting a day in court for a guinea, but it was as much as he was entitled to, or could expect to get from a poor man." Finally the verdict was given for the plaintiff with costs and the damages fixed at £10; so that it was the defendant, a limited liability company of unknown wealth, which profited at the house-surgeon's expense.

Sport.

Cricket.

GUY'S v. UNIVERSITY.

FINAL CUP-TIE.

Played at Winchmore Hill on August 5th and 6th. University won the toss and, of course, batted first. The first wicket fell at 30, and at lunch the score was 100 for seven wickets, the last three wickets, however, offered a very stubborn resistance, and aided by some slackness in the field they put on no less than 104 runs, Hackney and Foster batting extremely well.

Guy's innings was the reverse of the preceding, as after the first four wickets had put on 122 runs a collapse took place, and the last six wickets only added 29 runs bringing up the total to 151, or 53 runs behind the University score. Alexander was top scorer with a well played 43.

In the second innings University made a very good start putting on 44 runs for the first wicket, but, thanks to some excellent bowling by Wetherell, three more wickets fell at the same total, and with the exception of Marriott and Hackney, no one else gave any trouble, and the innings closed for 130, out of which number Marriott had made 64, he being last out. Wetherell took five wickets for 15.

Going in with 184 to make to win, Guy's did not start any too well as three wickets had fallen for 58, but then a much needed stand was made by Wetherell and Nicholls, and 80 runs were added before Nicholls was caught off a mishit for a very fine innings of 48. The next three wickets added 26 runs, chiefly from Wetherell, who was playing a splendid game, and when the seventh wicket fell 17 runs were still wanted to win, 15 of these runs had been knocked off by Wetherell and Cohen, when the former was bowled by Capper with a very good ball, for a splendid innings of 83, which contained four 4's, eleven 3's and eight 2's. Cohen quickly made it a tie, and then Jackson made the winning hit, a pretty cut for 4, and Guy's had won by two wickets after a most exciting game. Scores:—

UNIVERSITY COLLEGE.

	1st Innings.		2nd Innings.
C. S. Marriott, c Humphry, b Clarke	17	b Wetherell	64
E. S. Littlejohn, c Durbridge, b Wetherell	28	c Humphry, b Wetherell	19
A. Ricketts, b Cowper	15	c Cohen, b Wetherell	0
H. C. Pretty, lbw, b Nicholls	0	c Joy, b Wetherell	0
H. S. Capper, c & b Nicholls	0	lbw, b Clarke	7
F. R. Barwell, b Alexander	8	c Brydone, b Wetherell	0
R. A. Rose, b Clarke	13	c & b Clarke	9
C. Hackney, c Cohen, b Cowper	30	s Humphry, b Cowper	13
E. C. Foster, not out	36	c Durbridge, b Nicholls	2
C. H. Wood, run out	21	c Humphry, b Cowper	0
M. Leake, b Alexander	10	not out	2
Extras	26		14
Total	204		130

GUY'S	1st Innings.	2nd Innings.
A. E. Clarke, c Ricketts, b Pretty	19	c Capper, b Wood 9
K. B. Alexander, c & b Capper	43	lbw, b Capper 20
F. C. Wetherell, b Pretty	0	b Capper 83
F. J. Nicholls, c Ricketts, b Wood	27	c Hackney, b Wood 48
J. M. Brydone, lbw, b Capper	28	run out 1
H. Durbridge, b Capper	2	b Capper 5
L. Humphry, b Capper	9	c Barwell, b Capper 0
G. P. Joy, b Ricketts	3	b Capper 1
E. Cohen, b Capper	1	not out 10
F. D. S. Jackson, not out	0	not out 4
C. Cowper, b Capper	0	
Extras	19	6
Total	151	(8 wkts.) 187

GUY'S v. BRENTWOOD.

Played at Brentwood on Saturday, July 17th. Brentwood won the toss, and batting on a hard true wicket put together 242 for seven wickets, when the innings was declared closed.

Guy's who only had an hour and a half's batting knocked up 169 in that time for the loss of three wickets. Alexander played a splendid innings of 100 not out, and with Wetherell carried the score from 12 to 147 for the second wicket. Score:—

BRENTWOOD.

C. H. Escott, c Cooper, b Clarke	43
D. Crossman, c Wetherell, b Nicholls	29
A. Heatley, c Alexander, b Clarke	14
H. C. Melville, c Morgan, b Wetherell	27
L. Hollebone, b Wetherell	5
Major Claughton, run out	35
C. Lewis, c Nicholls, b Clarke	11
Cutts, not out	43
F. Couch, not out	22
Extras	13
Total for 7 wickets	*242

*Innings declared closed.

GUY'S

A. E. Clarke, c Lewis, b Crossman	9
F. C. Wetherell, b Claughton	38
K. B. Alexander, not out	100
F. J. Nicholls, b Claughton	16
Extras	6
Total for 3 wickets	169

J. M. Brydone, L. Humphry, H. Durbridge, F. D. S. Jackson, T. Morgan, E. Cohen, C. Cowper did not bat.

Appointments.

HOSPITAL APPOINTMENTS.—SEPTEMBER.

Externs.—Messrs. K. B. Alexander, H. P. W. Barrow, L. Humphry, A. B. Passmore, F. L. Rae.

Clerks to the Anæsthetists.—Messrs. W. L. Baker, J. B. C. Brockwell, H. N. Clarke, D. J. Munro, C. R. Nicholson, A. R. Thomas.

CIVIL.

CLOWES, ERNEST F., M.R.C.S. Eng., L.R.C.P. Lond., has been appointed House Surgeon to the Royal Hants County Hospital, Winchester.

HOWE, A. F. A., L.D.S. Eng., has been appointed Hon. Dental Surgeon to the Lewes Dispensary and Victoria Hospital.

RICHARDS, J. S., M.D., B.S. Lond., L.R.C.P., M.R.C.S., has been appointed Medical Superintendent of the St. Saviour's Union Infirmary, East Dulwich Grove, S.E.

WORTS, E., L.R.C.P. Lond., M.R.C.S., has been re-appointed a surgeon to the Essex and Colchester Hospital.

MILITARY.

NICHOLSON, JOHN W., has been appointed Surgeon-Lieutenant in the 1st Volunteer Battalion, the Lincolnshire Regiment.

From the Gazette's Special Pathologist.

NOTICES.

C. D. M., BOURNEMOUTH.—After incubation no Klebs-Löffler bacilli could be found on the culture. Staphylococci and streptococci were both present.

T. W. L., WOOLWICH.—Albumen a trace. Microscopic examination of the deposit obtained from the centrifuge shows the presence of a very few granular tube casts, together with an excess of leucocytes.

T., OLDHAM.—After incubation on blood-serum the resulting growth consisted of a few cocci only. No Klebs-Löffler bacilli could be detected.

W. E. R., BRENCHLEY.—After incubation on blood-serum the resulting growth consisted of Klebs-Löffler bacilli, associated with some staphylococci.

W. A. E. W., COLONSAY.—After incubation on blood-serum the resulting growth consisted of streptococci, associated with a torula. No Klebs-Löffler bacilli could be detected.

H. V. R., FORDINGBRIDGE.—Tubercle bacilli are present in fairly large numbers.

W. L. C., SANDGATE.—The majority of the piece of spleen sent shows disorganisation of the structure owing to hæmorrhage, probably consequent on infarction. The very small portions of splenic substance seem fairly normal and show no leuchæmic structure.

J. J. C., BRIDLINGTON QUAY.—After incubation on blood-serum the resulting growth consisted of Klebs-Löffler bacilli associated with a short bacillus not unlike Friedländer's bacillus.

T. W. L., WOOLWICH.—Microscopic examination of the centrifugalized deposit shows, in addition to red discs and white blood corpuscles, numerous granular and blood tube casts, also large numbers of crystals of uric acid.

PATHOLOGIST.

Key to Case for Diagnosis on page 392.

AT the operation it was found that there was a general non-purulent peritonitis. The small intestines, cæcum, and ascending colon were in an extreme state of distension. The cæcum was thrown across to the left of the position of umbilicus, and was twisted in itself on the axis of the meso-cæcum. Both the ascending meso-colon and the meso-cæcum were very long. The sigmoid flexure, descending colon and part of the transverse colon were in a state of collapse. There was a considerable quantity of non-purulent fluid in the abdominal cavity. The gut was not perforated. In fact the diagnosis was volvulus and non-purulent general peritonitis,

Post-mortem examination.—General peritonitis, but no pus in peritoneal cavity. The cæcum and ascending colon were very much dilated, and there was a constriction about the middle of the transverse colon which was evidently the place of obstruction, because the gut was collapsed beyond, and the gut showed marks of strangulation at this point.

Births.

REID.—On 29th of July, at 200, St. Helen's Road, Swansea, the wife of Edgar Reid, M.R.C.S., L.R.C.P., of a son.

SHUTE.—On July 22nd, at Granby Place, Northfleet, the wife of G. Sidney Shute, M.D., of a son.

Marriages.

ALLAN—CLARK.—On July 31st, at the Church of St. Mary Magdalene, Latimer, Bucks., by the Rev. F. C. J. Long, Arthur Percy Allan, M.B., B.S. Lond., of South Croydon, youngest son of the late John Allan, of Calcutta and Ladbroke Grove, W., to Margaret Hannah, daughter of the late Richard Clark, of Amersham.

BUCHANAN—WOODHOUSE.—On July 31st, at the parish church, Weybridge, Archibald Graham Buchanan, L.R.C.P. Lond., M.R.C.S., Liss, Hants, to Mabel Berkeley, second daughter of Henry Melville Woodhouse, of Brackenhurst, Weybridge.

KNAGGS—PLAYNE.—On August 10th, at Holy Trinity Minchin, Hampton, Francis Henry Knaggs, of Huddersfield, to Martha Isabel, daughter of Charles Playne, J.P., of Nailsworth, Gloucestershire.

Death.

BARRS.—On August 4th, 1897, at Scarborough, Alice Bywater, æt. 34 years, wife of Alfred G. Barrs, M.D., of Leeds, and youngest daughter of Henry Nelson, Esq.

ED.—F. E. F.

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Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied by the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the GAZETTE *bound should leave them with the Librarian.*

The annual Subscription to the GAZETTE *is* 6s. 6d.; *post free,* 7s. 6d. *All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, SECRETARY'S OFFICE, GUY'S HOSPITAL.

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING AND SIXPENCE.

Calendar of Coming Events.

September.

Sat. 11.—Mr. Lucas' take-in; Ds. R. Balderston and L. E. C. Handson; Cl. M. H. Way.

Mon. 13.—Durham Second M.B. Exam. begins.
10 a.m., Test Exam., Chemistry, 1st Conjoint.

Tues. 14.—Application to the Medical Office for Schedules for First and Second Conjoint Exams. due.

Wed. 15.—Mr. Golding-Bird's take-in; Ds. G. Chetwode Owsley and A. H. Carter; Cl. H. T. Hicks.

Thur. 16.—10 a.m., Test Exam., Physiology, 2nd Conjoint.

Fri. 17.—Last day for sending in Fees and Certificates for Camb. D.P.H. Exam.
10 a.m., Test Exam., Anatomy.

Sat. 18.—Last day for applying to Registrar for Form of Entry for Final M.B. Lond.

Mon. 20.—Durham Third M.B. Exam. begins.

Tues. 21.—Exam. for Entrance Scholarships begins.

Wed. 22.—Mr. Howse's take-in; Ds. E. Ashby and H. W. Fox; Cl. F. A. Godson.
Schedules for Final Conjoint Exam. to be left at the Medical Office not later than this date.

Sat. 25.—Students' Number of GAZETTE.

The opening night of the Physical Society will be on Monday, October 4th. A House-dinner, for which tickets may be obtained in the Hall, will be held, with Charters J. Symonds, Esq., M.S., in the chair.

Guy's Hospital Gazette,

SEPTEMBER 11, 1897.

Obituary.

John Braxton Hicks.

M.D. Lond., F.R.C.P., F.R.S.

WE regret to record the death, at the age of 72, of Dr. John Braxton Hicks, late Consulting Obstetrical Physician to Guy's and St. Mary's Hospitals, which took place on August 28th. He died at his residence, the Brackens, Lymington, whither he retired from active practice some three years ago, after a painful illness of three months, the result of influenza. He was the son of Mr. Edward Hicks, J.P. At Guy's Hospital he has had a long and distinguished career. In 1844 he passed the First M.B. Examination of the University of London, taking the Scholarship and Medal in Materia Medica and Pharmacy, together with Honours in Anatomy and Physiology, and in Chemistry. At the Final M.D. Examination in 1847 he obtained Honours in Physiology and Comparative Anatomy, in Surgery, and in Medicine.

Braxton Hicks will always be remembered as one of the pioneers of British work in midwifery and diseases of women. It was at Guy's Hospital, where he held the post of Obstetric Physician for many years, that most of his best work was done. In 1859 he was appointed Assistant Obstetric Physician, in 1870 Obstetric Physician, and in 1882 Consulting Obstetric Physician.

The whole range of midwifery and diseases of women has been enriched by his work, but his reputation will rest upon his classical papers on the Combined Internal and External Version, and on Intermittent Contractions of the Uterus during the whole of Pregnancy, which will be found in the *Transactions* of the Obstetrical Society. His work on the Cephalotribe in 1869, and the modifications he introduced in the instrument, have stood the test of experience, and the special pattern of the instrument which bears his name is still and is likely to continue in use by the majority of British obstetricians.*

The key to Dr. Braxton Hicks' success was his enthusiasm. No detail of his work was too small to receive his careful attention, and in practice his care and consideration for the welfare and comfort of his patients, even in the smallest matters, was a leading feature of his professional character. But it is as an earnest student of the scientific aspect of his profession that he will be chiefly remembered, and many of his published papers will always remain as foundation stones on which the modern science of obstetrics is being so carefully built by his contemporaries and pupils. During his life he took a leading part in the

*Dr. Galabin in a private letter writes of his work as follows:—I consider Dr. Hicks' most important novelties—first and chiefly, his Combined External and Internal Version, which revolutionised practice in that particular; next, his Enquiry into best mode of delivering Fœtal Head, etc., combined with the invention of his Cephalotribe, which holds its ground against all competitors; next, I think his work on Intermittent Contractions of Uterus as a physiological phenomenon, and aid to diagnosis of pregnancy. With this the importance of "Continuous action of the Uterus" contrasted with inertia—see "Enquiry into Powerless Labours."

active work of his profession, and was on the Council of the Obstetrical Society in the second year of its existence. Rapidly passing through the offices of Secretary and Treasurer, he became its President in 1871. He was a Fellow of the Royal Society, and presented several valuable memoirs to that distinguished body. In 1896 he was elected an Honorary Fellow, and he received the same honour from the Obstetrical Societies of Edinburgh, Berlin, and Philadelphia.

His was, however, not the type of mind that one interest would satisfy. He was a man of nimble intellect and wide cultivation. He was, for instance, equally at home in Wedgwood ware, of which he had at one time a magnificent collection, and in botany. At a *soirée* of the Royal College of Physicians, some ten or fifteen years ago, he exhibited a magnificent specimen of Sundew (*Drosera Rotundifolia*) which he had found near Ambleside, and had afterwards cultivated in London by approximating the soil in which it grew to that in which it was fixed before its transplantation.

Dr. Braxton Hicks was a special victim to the influenza infection, and after repeated attacks succumbed on August 28th to cardiac failure, probably as a sequela of the disease. . . .—From the *British Medical Journal.*

The following letter from Mr. Athelstane Braxton Hicks, the well known coroner for the South-west of London, will give some further interesting details of his father's career:—

20, Lupus Street, S.W.
September 8th, 1897.

DEAR SIR,—I am sending by to-day's post a portrait of my late father, which is the last taken, and the one I consider best. It is the same as appeared in the *British Medical Journal*, and as far as I can see the short biography given in the same journal is the best at present. However, considering my father was a Guy's man and always had the interest of his old school and hospital thoroughly at heart, I venture to give you a few details which probably are not so well known as his later career.

He was born at Rye, Sussex, in 1823, whilst his mother was on a visit to some relatives. His real home was at Lymington, Hants, where he died.

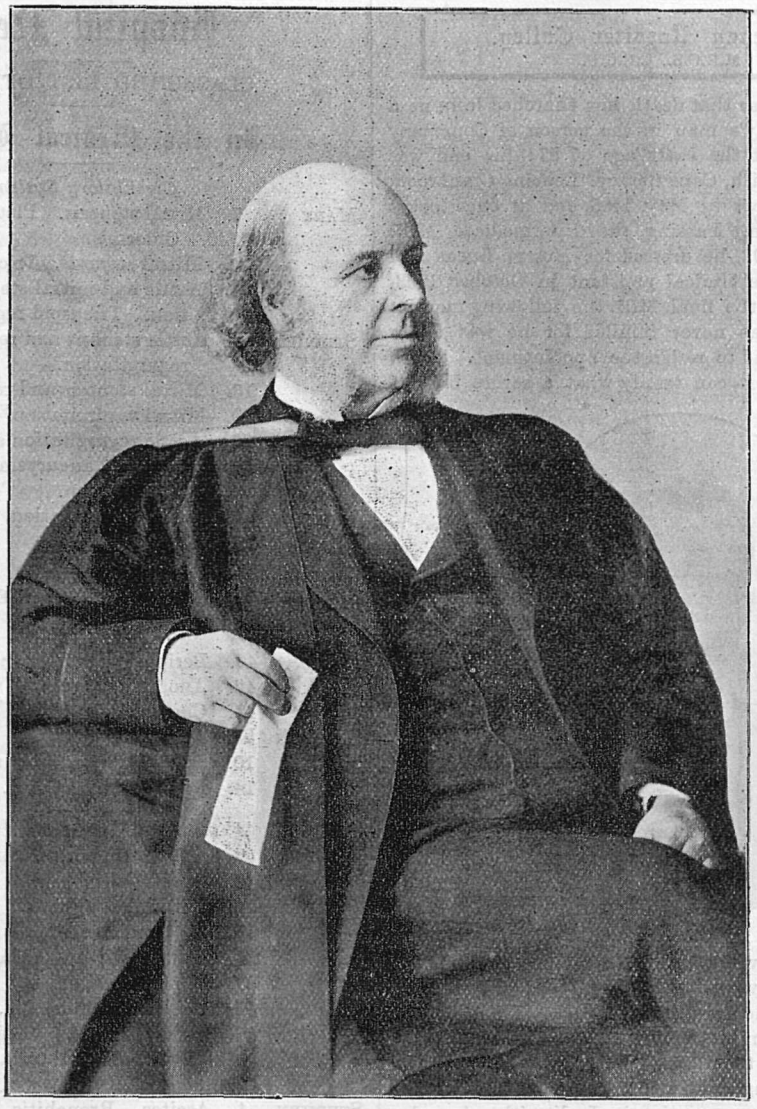
When he decided upon the medical profession as a career he followed the good old course - of which even in after life he thoroughly approved—of being apprenticed to Mr. Fluder, of Lymington, who enjoyed a good general practice. There he learnt the rudiments of his profession, the practice of dispensing and the reasons of prescriptions. When he had served his time he entered at Guy's, and from that time his student career was one of steady success, taking honours at the hospital and at the London University in nearly every branch he had studied. Surgery at that time was his strong point, and he has told me that through the illness or absence of the senior house-surgeon when he was in rooms, he was enabled to be house-surgeon for twelve months. He considered it of great advantage to students to be able to dispense quickly and accurately, and that to enable him to acquire this art he would occupy as much spare time as he could in going to the hospital dispensary and there competing with the regular dispenser.

After leaving the hospital he set up in practice in partnership with another medical practitioner at Tottenham, and remained there till 1859, when he was invited by the Guy's Hospital authorities to take the post of assistant obstetric physician. He accepted the offer and gave up his general practice at Tottenham, and on coming to London resided for the first few years at a house in Wellington Street, Borough, overlooking St. Saviour's Church, from which he had to remove on the South Eastern Railway acquiring the property. He then practised at 9, St. Thomas's Street, one of the two houses which were built by the hospital for members of the staff. At that time Mr. Cooper Forster lived at No. 10.

During the time we lived in St. Thomas's Street it was his great pleasure to invite his pupils and other students known to him, to meet in a friendly and social way either for dinner, dances or quiet evenings. By this he was not only enabled to gauge their professional ability, but also could ascertain their social capabilities, which in a medical practitioner is an important matter. Both here and at George Street, Hanover Square, where he subsequently moved to, Guy's men were always certain of obtaining his advice and counsel in any matter which they chose to bring to him. He was always kindly-hearted, genial and sympathetic, and when he thought his pocket could be usefully and judiciously called upon, his hands would go there.

At his lectures he was as attentively listened to as any of his brother professors, and when the exuberance of young spirits would at times break out, I have known him to quietly pause, and with that humorous twinkle in his eye which did duty for sarcasm in others, say, "Gentlemen, when you have finished I am ready to proceed." This was enough for all purposes. In his clinical classes he took pains to explain the minutest detail, never feeling satisfied unless all his pupils understood the demonstration. As an examiner at the University and the College of Physicians, he never sent a man back if he could find that he substantially knew his work. He would not upset a man on "fads," and although each examiner is supposed to have one or two—for which the candidates would carefully cram—he was so sufficiently aware of what were supposed to be his own, that he would seldom ask candidates a question upon them, no doubt to their consternation and disgust. He has told me about this himself on returning from examinations. He would say: One of the men did not seem able to answer very well the questions I first put to him, but when I asked him a question on my so-called pet points, the answer came out pat, and I told him that he had been cramming up for it.

His abilities and brain were not confined to the bare details of his particular branch of his profession by which he was best known. He obtained his F.R.S. for



his botanical researches. He was interested in entomology. He loved art, particularly its best forms in ceramics. He collected largely Wedgewood and oriental china, and had in his house types of all the best wares of different makers.

Beyond all this he was deeply religious and a professing practising Christian, a member of the Church of England and deeply imbued with a spirit of charity; but his left hand did not know what his right hand did. At home he was all that a husband and father could or should be: to that I can add nothing.

It was a grievous disappointment and wrench to him when he found on arriving at the age of 60 years he would have to separate himself from Guy's Hospital as a teacher. He felt that he had many years yet in which he would have strength to carry on his teaching, and when he had been teaching for 23 years it was almost a part of his nature. His connection with St. Mary's Hospital, though of a pleasant nature in itself, never made him forget that he was a Guy's man, or that his early successes and interests were derived from that hospital.

Going through my district as coroner, I have never met a professional or layman who had known my father who had not kindly remembrances of him, and the same applies to all who have known him. In speaking of him as I have done, I speak as one who loved and honoured him, but I do not think I have in any way exaggerated. Speaking to Guy's men through the GAZETTE, I would finally say in the words of Dickens, "Lord keep his memory green."—I remain, dear Sir, yours faithfully,

A. BRAXTON HICKS.

Courtenay Rossiter Colley.
M.R.C.S., L.R.C.P.

We regret to hear that death has snatched from us a well-known old Guy's man in the person of Courtenay Rossiter Colley, at the early age of 27; his end was sudden, at Ladismith, Cape Colony. Leaving Cranbrook, Colley entered Guy's in May, 1888, and at once took a prominent position. Passing the Intermediate M.B. Lond. in July, 1892, he dressed for Messrs. Lucas and Lane, and became clinical assistant in October, 1893, intending to take the final M.B. the following month; but his project was never fulfilled for he was taken seriously ill and had to resign the appointment. Those who knew him best can testify what a severe blow it

was to break down when he did, on the eve of the M.B., where great things were expected from him, and with all the house appointments within his reach. He recovered sufficiently to return in October, 1894, to take the Final Conjoint, and with that degree he at once migrated to the Cape, and having completed a locum at Oudtshoorne, he settled down to a practice in Ladismith, where he became a prominent and most successful practitioner.

Colley was not content with mere book work but was essentially an all-round man, excelling both in work and in play; and in the summer of 1892 he was the captain of the winning cup-team at lawn tennis. In him Guy's has lost a true son, an able man, a keen sportsman and one who would have done her the greatest credit. In closing these remarks may we offer the deepest of sympathy with the wife at the Cape and with his family at home, in this terrible sorrow, so suddenly and unexpectedly fallen upon them.

ACKNOWLEDGMENTS.— Clinical Journal, Treatment, Hospital, Pharmacie-Blatt von Knoll und Ges. Dresden.

Hospital News.

CLASSIFIED LIST OF CASES.

In the Medical Wards.

Circulatory System.

MARY	7.	Mitral stenosis. Pleurisy.
	9, 45.	Chlorosis.
	13.	Mitral stenosis. Tricuspid regurgitation.
	30.	Aortic and mitral stenosis and regurgitation. Tricuspid regurgitation.
STEPHEN	9.	Aortic stenosis and regurgitation. Mitral regurgitation.
	13.	Mitral stenosis and regurgitation.
	20.	Mitral regurgitation.
	26.	Aortic regurgitation and mitral stenosis.
	34.	Abdominal aneurysm and aortic regurgitation.
PHILIP	7.	Mitral regurgitation.
	16.	Aortic aneurysm.
	23.	? Aortic aneurysm.
	37.	Aortic and mitral regurgitation.

Nervous System.

MARY	40.	Peripheral neuritis.
	42.	Anorexia nervosa.
	44.	Chorea.
STEPHEN	25.	Locomotor ataxy.
PHILIP	10.	Right hemiplegia and aphasia. Embolism.
	14.	Paraplegia. ? G.P.I.

Alimentary System and Abdomen.

MARY	2, 3, 17, 18, 34, 36.	Gastro-enteritis.
	8.	Appendicitis.
	14.	Abdominal abscess.
	15, 37.	Gastric ulcer.
	25.	Enlarged liver. ? Gall-stones.
	33.	Chronic peritonitis.
	46.	Ulcerative stomatitis.
	47.	Hæmatemesis. Epistaxis. Enlarged liver. Albuminuria.
	49.	Ascites. Cirrhosis of liver.
STEPHEN	4.	Ascites. Bronchitis.
	19, 21.	Typhoid fever.
	22.	Vomiting and diarrhœa.
	23.	Chronic gastritis.
	24, 32.	Appendicitis.
	37.	Dysentery. Enlarged spleen.
PHILIP	9.	Ascites. Nephritis.
	20.	? Gastric ulcer.
	27.	Hæmatemesis.
	28.	Ascites. Enlarged liver.
	33.	Appendicitis.
	35.	? G. P. I.

Genito-Urinary System.

MARY	6.	Floating kidney. Nephrorraphy.
	28, 29.	Tubal nephritis.

STEPHEN 17. Albuminuria.
28, 35. Tubal nephritis.
38. Granular kidney.
31. Diabetes mellitus.

Respiratory System.

MARY 5. Localised empyema.
16, 23. Phthisis.
STEPHEN 1, 7, 10, 33. Phthisis.
6, 14. Pleuritic effusion.
36. Fœtid bronchitis and bronchiectasis.
PHILIP 1, 2, 6, 32, 39. Phthisis.
15. Pleurisy.
26. Pneumonia.

Miscellaneous.

MARY 4, 19, 32, 39, 41, 43. Acute rheumatism.
24. Eczema.
38. Anasarca.
STEPHEN 3. Polyarthritis.
11. Eczema.
40. Acute rheumatism.
PHILIP 4, 7, 17. Acute rheumatism.
8, 12. Gout.
13. Eczema.

In the Surgical Wards.

CASES UNDER MR. HOWSE.

ACCIDENT 30. Crushed hand.
CHARITY 14. Epithelioma of forehead.
16. Encephalocœle. Removal.
Cot D. Dermoid over anterior fontanelle.

CASES UNDER MR. DAVIES-COLLEY.

CORNELIUS 4, 12, 14. Compound fractures, tibia and fibula.
10. Injury to back.
LYDIA 4. Tuberculous abscess in rectus sheath.
7. Sarcoma of antrum.
Cot A. Ferret bites of face.
LUKE 3. Malignant stricture of œsophagus.
11. Carcinoma of rectum.
18. Cleft palate.

CASES UNDER MR. GOLDING-BIRD.

LAZARUS 7. Anthrax.
13. Hæmaturia.
14. 15. Genu valgum. Osteotomy.
21. Necrosis of os calcis.

CASES UNDER MR. LANE.

ACCIDENT 15, 20. Fracture of tibia and fibula. Wiring.
27. Fractured ribs, emphysema, hæmoptysis and hæmaturia. Exploration. Rupture of horse-shoe kidney.
LYDIA 14. Removal of appendix.
16. Double congenital dislocation of hip.
Cot. Fracture of tibia and fibula. Greenstick fracture of femur.

JOB 8. Melanotic sarcoma of axilla.
15. Central abscess, lower end of femur.
16. Sarcoma of thyroid cartilage.
20. Spinal caries.

CASES UNDER MR. DUNN.

MARTHA 11. Sarcoma of breast.
LAZARUS 3. Traumatic aneuryism of superficial femoral. Gangrene of right foot.

"Clinical."

3. Typhoid fever, convalescent.
4. Rheumatic fever. Endocarditis.
5. Typhoid fever, convalescent.
7. Typhoid fever.
9. Acute plastic peritonitis.
10. Phthisis. ? Anæmia.
11. Rheumatic fever. Endocarditis.
13. Appendicular abscess, opened in ischio-rectal fossa.
14. Typhoid fever.
15. Syphilitic stricture of larynx. Tracheotomy.
16. Rheumatic fever. Chorea. Endocarditis
17. Chronic intestinal obstruction in a child, due to congenital hypertrophy and dilatation of sigmoid. Colotomy.
18. Appendicitis.
19. Tubercular peritonitis. Operation.
20. Rheumatic fever. Endocarditis.
21. Cerebral hæmorrhage.
22. Aberrant renal calculus.
23. Carcinoma of rectum. Excision.
27. Appendicular abscess. Operation.
28. Vomiting and diarrhœa.
29. Empyema. Operation.
32. Rheumatic fever. Endocarditis.
33. Broncho-pneumonia.
34. Diphtheria. Paralysis.
36. ? ?

Two Cases in the Medical Wards.

PLUMBISM ASSOCIATED WITH MITRAL DISEASE.

Alice I., aged 36, married, admitted on July 6th 1897 for pain in the abdomen and vomiting. Family history good. Patient had scarlet fever as a child, and during the last four years has suffered from three attacks of influenza. She has been married for fifteen years, and has had nine children and three miscarriages. Six of the children are now living, but none of them are strong. Following the last attack of influenza, which commenced in August 1896, patient suffered from dropsy, which

affected both the legs and abdomen. This continued until November, when she had a miscarriage, after which she was ill for three months, and during this period "lost a great deal." The dropsy, however, subsided immediately after the miscarriage took place.

The present illness began in the last week of May 1897, when she was troubled with severe abdominal pain and vomiting. The appetite was poor, the bowels relaxed, and there was pain on micturition. Patient was attended by a local doctor for three weeks, after which she was much better. She did not lie up during this time. On July 1st, there was a recurrence of the illness, and patient was obliged to stay in bed, as the symptoms were more severe in character than on the previous occasion. Five days later she came into the hospital.

On admission.—Temperature 99·6° F. Patient was very anæmic in appearance. Many of the teeth were carious, the gums were pale, and along the border of the gums was a well-marked blue line. The tongue was dry and covered with whitish fur; the breath was very foul. There was pain in the right iliac fossa, which was increased on pressure. The appetite was poor, and the bowels constipated.

Pulse 88, regular, moderately full and soft. There were pulsating veins on both sides of the neck. The cardiac impulse was seen beating in the fifth space, one inch internal to the nipple line. The area of cardiac dulness was not increased. On auscultating the heart, a systolic bruit was heard at the apex, and this could be traced to the axilla.

Examination of the blood showed that the total number of corpuscles per cubic millimetre was 2,050,000, or 41 per cent. of the normal. The ratio of red blood corpuscles to white corpuscles was 23 : 1, and the amount of hæmoglobin present was 25 per cent. of normal.

The urine was clear and alkaline; specific gravity 1020. There was a small deposit of triple phosphate crystals, but neither albumen or pus. No trace of lead could be detected.

The abdominal pain persisted until July 10th, when it entirely disappeared. Dr. Pye-Smith saw the patient on this day. He made a diagnosis of lead colic and mitral regurgitation. The source of the lead could not be traced. It could not have been from the water, because patient lived in a block of buildings with a common water supply, and she was the only one affected. None of her family showed any symptoms of lead-poisoning. It may also be said that she was not addicted to drinking beer out of a pewter pot, or to the use of snuff or hair-dyes. Dr. Pye-Smith regarded the apical systolic bruit to be indicative of organic disease, and not as merely hæmic. There was no previous history of either rheumatism or chorea. Half a drachm of Magnesium Sulphate was ordered to be taken twice a day.

The blood was again examined on July 14th, when the total number of corpuscles was found to be 65 per cent. of the normal. The ratio of red to white blood corpuscles was 20 : 1, and the amount of hæmoglobin was the same as on admission.

On July 16th, patient showed marked improvement. The breath was sweet, the tongue clean, bowels regular, but the appetite was still poor. The systolic bruit heard at the apex was unaltered in character. Urine clear, acid, no albumen, no pus, but small deposit of mucus; specific gravity 1020.

Patient made gradual progress until the time of her discharge on July 28th, when she seemed fairly well. The blue line still persisted in the gums although it was less marked, and the cardiac sounds were the same as on admission. During the whole stay in the hospital, patient did not vomit once, and she was not troubled with any abdominal pain after July 10th.

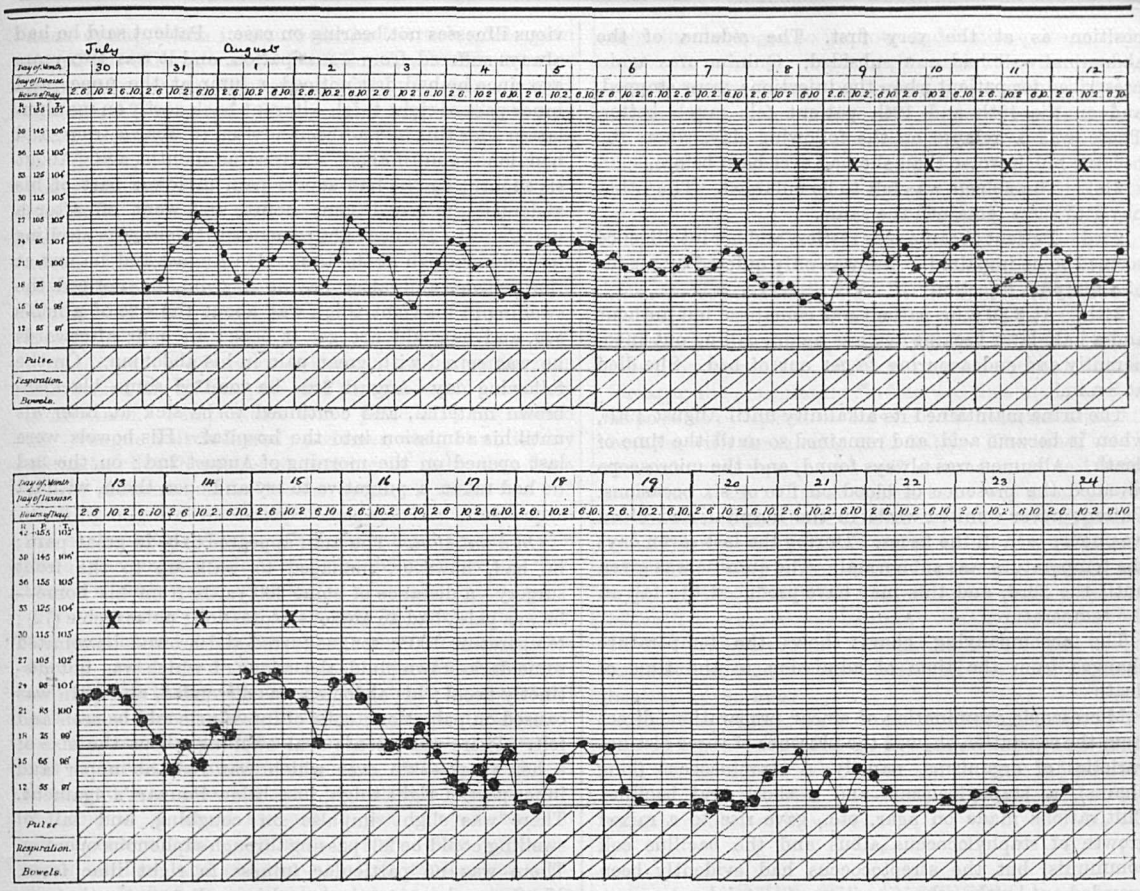
ULCERATIVE ENDOCARDITIS.

Emily L., aged 28, married, admitted on July 30th 1897, for pyrexia, general weakness, and heart disease. When eight years old, patient suffered from an attack of rheumatic fever, which affected all the joints in the body. She was never really strong for the next seven or eight years. Since the birth of her only child, nine years ago, patient has been troubled with "bleeding piles."

The present illness dates back from August 1896, when swelling was noticed in both feet and ankles. This was accompanied by pain. At different times all the joints in both arms and legs were similarly attacked. From the commencement of the illness, patient has been lying up nearly all the time. There have been occasions when she could get up for a few days, but during these periods she has been incapable of doing any work, and the slightest exertion has resulted in complete exhaustion. In February 1897 patient was admitted to St. Thomas's Hospital for "rheumatism and heart disease," and after nine weeks returned home in a very weak condition. Ever since her discharge from St. Thomas's Hospital, she has taken no solid food, the diet having consisted of milk and cocoa. Occasionally brandy has been given. Patient has got up sometimes, but has always rested on a couch until bedtime, as she has felt so ill. For some weeks previous to admission she was troubled with vomiting, this occurring at all times of the day and having no special reference to meal times. Blood was never seen in the vomit. Diarrhœa commenced on July 24th, and the motions contained blood, which, patient thinks, may have come from the piles.

On admission.—The temperature was 101·4° F. Patient was wasted and anæmic. There was no swelling of any of the joints, but the right knee was painful and there was some tenderness in the epigastrium. The edge of the spleen was distinctly felt below the costal margin on inspiration, and its area of dulness was increased upwards as high as the eighth rib. The edge of the liver could be felt an inch and a half below the costal margin in the nipple line. There was slight œdema of the abdominal wall.

Pulse 110, regular, small and compressible. The sphygmographic tracing showed a marked dicrotic wave.



The total number of corpuscles was 40 per cent. of the normal, and hæmoglobin was present to the extent of 25 per cent. of the normal. The ratio of red corpuscles to white corpuscles was 30 : 1. The cardiac impulse could be felt in the fifth space; it was diffuse and heaving in character. No pulsating arteries or veins were visible and there was no epigastric pulsation. The area of cardiac dulness was slightly increased outwards. On auscultation, a well-marked blowing systolic bruit could be heard at the apex, and this could be traced round to the angle of the scapula. It could also be followed through the fourth and third left spaces to the second and first, where near to the sternum it was very distinctly heard. A systolic murmur could be made out in the first and second right intercostal spaces. The second sound was heard at the base, but not at the apex.

The tongue was dry and covered with brown fur, and the appetite was poor.

The urine was acid in reaction and smoky in appearance; specific gravity 1010. It contained a large quantity of albumen and blood, but no pus.

There was evidence of commencing optic neuritis, but no retinal hæmorrhages was seen.

Dr. Pye-Smith diagnosed ulcerative endocarditis, and prescribed quinine. Patient was put upon full diet.

August 2nd. Patient's condition was unaltered, and the heart-sounds were the same as on admission. Urine alkaline, cloudy; specific gravity 1012. It contained no blood and no albumen, but there was a large deposit of pus and mucus. Microscopic examination showed the presence of triple phosphate crystals, as well as granular and hyaline casts.

5th. The second sound could be heard at the apex. The systolic bruits were unchanged in character. Two days later, as a high temperature had been maintained for 60 hours, Dr. Pye-Smith recommended the daily injection of 20 c.c. of antistreptococcin. This treatment was continued until August 15th, when patient refused to have any further injections. At first, it seemed as if she were making some improvement. The temperature fell, and patient thought she was gaining a little ground, but this was only temporary, and after a few days her condition became as bad as ever.

12th. Patient had some abdominal pain in the night which prevented her from sleeping. The bowels were opened three times, and the motions were liquid in character. In the morning she felt very ill. The tongue was still furred, the appetite poor, but there was no pain. The heart-sounds were unchanged. The spleen could not be felt, but the liver occupied the same

position as at the very first. The œdema of the abdominal wall had now subsided. Quinine was again prescribed for patient when the injections were stopped, and on the 18th and 19th patient felt much better. There was a relapse on the following day, when she became much worse than she had ever been before.

21st. The spleen was felt to be enlarged. The other physical signs remained the same.

23rd. Patient became very restless and her intelligence seemed to be impaired. She was only quieted by means of a morphia injection.

24th. At 2.30 a.m. patient was comatose, but an hour and a half later became restless again, calling out incoherently and endeavouring to get out of bed. She died at 8 a.m.

The urine maintained its alkalinity until August 19th, when it became acid, and remained so until the time of death. Albumen was always found, and the microscope revealed the presence of blood on five or six occasions. Patient never vomited while in the hospital, and blood was never seen in the fæces. During the last seven days the temperature was subnormal. The quinine was given until the 23rd, and this may have produced the fall in the temperature.

The accompanying chart shows the temperature changes from the time of admission to the time of death.

Microscopic examination of smear preparations direct from the vegetation showed the presence of three distinct varieties of organisms, namely, a streptococcus (long chains), a staphylococcus and a short oval bacillus. Cultivations made on agar, etc., gave rise to a mixed growth of staphylococcus albus and the bacillus coli communis, but the streptococcus had evidently been crowded out by the other organisms for it did not appear in the culture.

At the autopsy.—There was a large patch of vegetation on the endocardium of the left auricle, and fibrinous vegetations were found on the mitral valve. The wall of the left ventrical was affected by recent endocarditis, and there were some petechial hæmorrhages on the aortic valve. A small infarct was seen in the muscle substance of the heart.

The spleen weighed 14 ounces. Infarcts were scattered over the surface of the organ, and the capsule was inflamed. The kidneys showed scars of old emboli; minute hæmorrhages were seen on their surface. The anterior border of the liver was curled up, and there was a good deal of perihepatitis; its weight was 49 ounces. In the small intestine submucous hæmorrhages were found for the distance of a yard from the ileo-cæcal valve.

F. S.

Two Cases of interest from a "take-in."

CASE I.—STRANGULATED FEMORAL HERNIA.

Alfred I., æt. 42, labourer. Admitted August 6th for strangulated femoral hernia. Family history and previous illnesses not bearing on case. Patient said he had always suffered from constipation, and it was two years ago since he had first noticed a lump at the upper and inner part of right thigh—it went back easily on manipulation; for this he had been advised to wear a truss, and had done so until about six or seven months ago. About six months ago he had severe pain in lower part of his abdomen; it lasted some hours, and went off after a night's rest. He does not remember if there was swelling in groin or thigh at the time. On August 2nd he was at the seaside, and after having a swim, he noticed the swelling in his right thigh was about the size of a hen's egg, and he could not get it back; an hour afterwards he was seized with great pain in his abdomen. On the following day—August 3rd—he vomited some blackish-brown material, and continued to be sick at intervals until his admission into the hospital. His bowels were last opened on the morning of August 2nd; on the 3rd he had taken a purgative to try and open them, without any result.

On admission.—The man appeared to be in great pain; he had, however, managed to walk up to the front surgery—a distance of some 300 yards from his home—he was pale; had an anxious expression; pulse feeble (72); temperature 100°; tongue furred and brown; he vomited some dark-brown fluid, the odour of which was not distinctly fæcal; his abdomen was distended, and pain was caused on palpation; coils of intestine could be seen and felt. There was a tense oval swelling, about the size of a hen's egg—skin over which was red—at upper and inner part of right thigh, just below Poupart's ligament. There was slight impulse on coughing, and tail of swelling could be felt passing through saphenous opening. There was no particular fulness in right iliac fossa. Mr. Symonds saw patient, and immediate operation was decided on. On opening the sac the bowel contained was purple in colour, and in one place quite black; it was not shiny, but retained its elasticity. Gimbernat's ligament was divided and bowel returned to abdomen; some omentum which was found in the sac was ligatured and cut off; the ring was sutured up. A morphia suppository (gr. $\frac{1}{4}$) was given, in spite of which patient passed a capacious motion an hour after the operation.

On August 7th, patient was very comfortable, abdomen was supple, and he had no pain. On August 9th, bowels were opened, improvement still continued, and on August 20th patient was discharged, having made an uninterrupted recovery.

CASE II.—GANGRENOUS APPENDICITIS.

Ernest W., æt. 24, fire-lighter in employ of South-Eastern Railway. Admitted August 4th for appendicitis. Family history unimportant. Always enjoyed good health until present illness.

History of present trouble.—Patient said on Wednesday, July 28th, he went to work as usual, and while lifting an engine flap he was seized with a sharp pain, which he said was in the region of his umbilicus. He had not felt ill before this attack; it went off till he lifted

another flap, when it returned; he felt sick while pain lasted but did not vomit. On Thursday 29th he went to work, pain became continuous; he had taken no solid food since Wednesday afternoon, he occasionally retched but did not bring up anything. Saturday 31st patient saw doctor, who gave him a mixture to take every four hours; this at first gave him relief; he still continued his work. Monday 2nd, he took to his bed; doctor called to see him and gave him fresh medicine, also advised hot fomentations to abdomen; this, patient said, shifted pain, which he now localized in right iliac fossa. Wednesday 4th, doctor advised patient to come up to hospital.

Condition on admission.—Patient was a spare man and looked ill: he was pale and complained of great pain in abdomen. Temperature 102°; pulse 132; respiration 28. Tongue a little furred; abdomen was not uniformly distended, but there was a swelling in right iliac fossa which measured three inches by four; there was no swelling in groin or over saphenous opening, and when on his back patient drew up his right leg. On palpation there was great tenderness over abdomen, which fluctuated slightly; rest of abdomen normal.

Mr. Symonds decided to operate at once, and from the position of swelling thought it could be opened from behind. He made a small incision close to crest and dissected down to the illiacus, but found the pus could not be reached; a second was made more anteriorly, the peritoneum was opened, and it was found that the abscess was adherent to abdominal wall a little lower down; so a pad was inserted and the abscess opened with the finger. A small amount of pus escaped, some of which entered the peritoneal cavity. The appendix, short, swollen, and gangrenous at its centre, was withdrawn. It had to be divided close to the cæcum; a small flap was made and sewn over; a second row invaginated the cæcum to make a sound union; then a large and black piece of suppurating omentum was removed. On irrigating freely a large collection of pus was washed out from a lower point about the brim of pelvis; a good sized tampon was inserted.

Next day, August 5th, patient's temperature was 102°; he felt comfortable; tampon was repacked with sterilized gauze out of lysol.

6th.—Temperature went down to 99.6°; pulse 112; tampon again packed.

11th.—Patient did not feel quite so well, seemed collapsed; wound did not appear quite healthy, temperature went down to 97°; pulse 60; respiration 32.

12th.—Temperature went up to 100·2°; pulse 84; respiration 24; tampon removed and then outer stitches. A small abscess of very foul pus was opened at upper part of wound, which was washed out with 1 in 60 carbolic.

13th.—Patient more comfortable, wound still washed out, discharge sweeter. Temperature 100·4° (highest for the day).

14th.—Temperature began to come down, highest being 99·6°. Patient's general condition very good. From this time he began to improve and is now quite convalescent. It is to be noted in this case that the swelling was composed largely of inflamed omentum, that the abscess was on the median side of the appendix and was in two portions, one round the appendix and one further down and larger.

The appendix contained a concretion about the centre, and here the wall was thin and black. W. S. R.

Skin Grafting by means of Blisters.

THREE cases have been treated by this method. In one, a healthy man of 26, with an extensive burn of the left forearm, the granulating surface was first made as clean as possible by means of boracic fomentations and daily bathing with perchloride (1 in 2000). The inner side of the right arm was shaved and cleaned with nail brush, soap and lysol. Liquor epispasticus was then painted on an area of about the size of a penny, and a piece of spread boracic laid on this and secured with wool and a bandage. After about fifteen hours the dressing was removed, the blister was incised and a spatula inserted beneath the raised epithelium. Small pieces were cut off and transferred on the spatula to the granulating surface. The grafts grew well and the cicatrix has a healthy appearance.

The two others were cases of chronic ulcer of the leg. They were treated in the same way. The grafts took but did not grow so well, and in one case the resulting scar soon broke down. The method was described in a recent number of *Treatment*. P. N. V.

Case for Diagnosis.

George R., 52 years old, retired police inspector, admitted for hoarseness and difficulty in swallowing. Patient's father died from an accident at 32, and the mother lived to the age of 77. Patient's brother and sister are both alive and in the best of health. There is no family history of rheumatism, gout, or cancer.

Patient joined the Metropolitan Police in 1868, and was pensioned off in 1892, since which time he has been a hall porter. He is a married man with seven children, all of whom have always enjoyed good health. When in the police force, he was in the habit of drinking a good deal of beer, but after several attacks of gout substituted whiskey and water for his former favourite beverage.

From 1882 to 1892 patient had many attacks of gout, which affected the toes of both feet. It was on this account that he retired from the police force. He has been laid up with influenza three times, the last occurring two years ago. He has never suffered from any venereal disease, and apart from the two complaints above mentioned has had remarkably good health.

On June 13th 1897, patient first noticed that his voice was hoarse, and that there was some difficulty in

swallowing solids. A little pain immediately followed the act of swallowing, but it passed off, however, after a minute or so. Otherwise he had nothing to complain of, the appetite was good, bowels regular, and patient was able to sleep well. He had no pain, excepting that above referred to at meal times. This state of affairs continued until August 20th, when he attended Dr. Shaw's out-patients. Here it was found that there was a swelling on the right side of the neck, of which patient was totally ignorant. Since this time, the appetite has not been so good as formerly, but in other respects his condition has been the same as when the hoarseness and dysphagia first commenced. He has always been able to swallow even solids, and there has neither been regurgitation of food nor vomiting. Patient has never had a sore throat, and during the illness has lost no flesh.

On admission.—Temperature 99·4° F.; pulse 90; respiration 20. Patient is a strong, healthy man, weighing upwards of 16 stone. He has a good complexion, and shews no signs of anæmia. Slight œdema of the eyelids is observed, and on the inner side of each upper eyelid is a small patch of xanthelasma. The voice is weak and hoarse. Laryngoscopic examination shews complete paralysis of the right vocal cord, while the movements of the left cord are normal. There is difficulty in swallowing solids, and patient says that the obstruction is nearer the stomach than the pharynx. Immediately following deglutition there is some pain, which is referred to the front of the chest, a little to the left of the upper part of the sternum. The pupils are equal; both act normally to light and accommodation.

A tumour can be felt in the angle between the posterior border of the sterno-mastoid muscle and the clavicle on the right side. It is irregular in shape, measures about three and a half by two inches, well defined in outline, hard in consistency, and the surface is lobulated. It is not freely movable beneath the skin and deeper parts, but a certain amount of movement is possible. Pulsation is communicated through it from an underlying artery, but no murmur can be heard. The skin over the tumour is natural, no dilated veins are visible. There is neither pain nor tenderness on pressure, and no difference between the pulse in the two radial arteries. No neighbouring lymphatic glands are enlarged, and none can be felt in the axilla, groin, or any other part of the body. The thyroid is normal.

The chest is slightly emphysematous. There is equality of movement on both sides, and neither impaired resonance nor dulness. Over the sternum normal resonance is found. There is good entry of air on both sides, but the entry is better on the left than on the right. The voice-sounds are not so well marked on the right side. Occasionally there is a cough, which seems to be laryngeal in origin. No dyspnœa, no expectoration.

Urine, bright yellow in colour, acid in reaction, no deposit, contains neither albumen nor sugar; specific gravity 1010. F. S.

[The case is as yet unsolved; and we shall be glad to receive and publish solutions.—ED.]

The Surgery and its Equipment.

BY AN OLD GUY'S MAN IN PRACTICE.

A PARAGRAPH in the "Passim" columns of the last issue of the GAZETTE has stimulated an old Guy's man to try and help those men starting in practice, who, unless they have had some experience in previous assistancy or locum tenens work, or come of a medical family (now that the old pupilage system is unfortunately no more), can have but very crude and vague ideas on the subject of this paper; of course, in some cases, the young practitioner will succeed to some surgery already fitted up, and then will have no trouble; but for those who are not so fortunate the description and plans may be of some assistance.

As a fair amount of his working hours will be spent in the surgery, or what may be considered as the business part of the premises, unless some attention is paid to the conveniency of the arrangements and to the comfort of the worker therein, the dispensing, which at the best of times is wearisome, will be still more so, and unless the surgery is well regulated and in order, it is impossible to turn out tidy work; some may think such small matters are beneath their notice, whereas there is no doubt patients more appreciate their medicines if well dispensed and sent out neatly wrapped and properly sealed, and have a better opinion of their medical man if he is mindful of the details; for it is often the small things that tell in medical practice as well as in other businesses, and say and do what we will, as long as medical men dispense, so long will the general public look upon the supply of medicines as a trading process, and much to the indignation of the young practitioner, ask him, not, what is the fee for his advice, but, how much is the medicine; doubtless also, laymen hold this view of the profession, as a relic of the old days when the general practitioners were represented by apothecaries, who were recompensed only by being paid for the medicines supplied.

In this article it is proposed to explain the fitting-up of a surgery adapted for a country town mixed practice, viz., comprising both private and club patients, as it is in this class of work most Guy's men will find their future sphere of action, and the one described has been designed after experiences gained in many other surgeries.

The surgery itself is built separate from the house, having an entrance to an accommodation road (which is convenient of access), at the back of the block of houses in which the owner dwells, and as the available space was limited, it was only found possible to erect a waiting-room, and combined dispensing and consulting-room, the private patients usually coming to the main road entrance, and being attended to in a consulting-room on the ground floor. Of course, if there were suitable accommodation in the house itself, there would be no occasion to build, and the plans could be easily adapted to any two or three rooms. In designing the surgery, the desire was, as far as possible, to make them convenient, comfortable, well lighted and ventilated, and

easily warmed; also that they could be cleaned without difficulty.

The waiting-room is made attractive inside, with pictures on the walls, and a supply of illustrated and other periodicals on the table. From the plan (fig. 1), which is not drawn to scale, it will be seen the waiting-

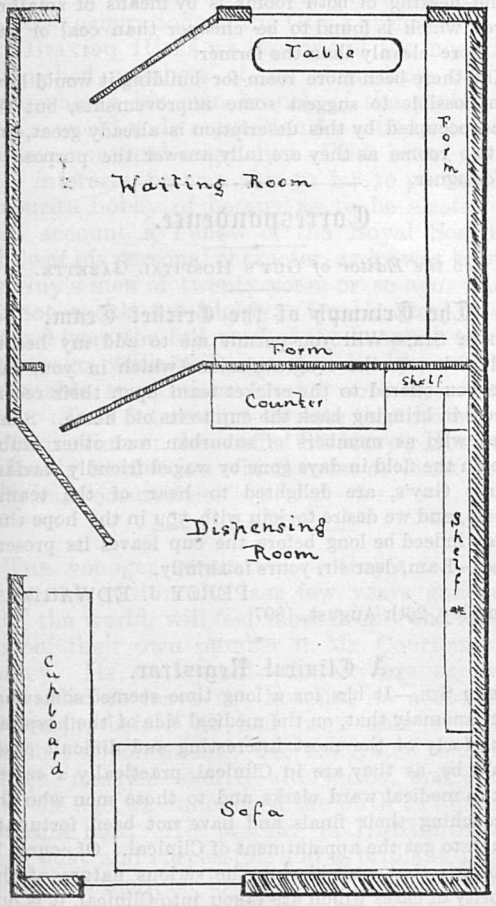


fig. 1

room has a door of entrance and exit, and another opening into the dispensing-room; it has also a window of good size, a form running round two walls, and under the window a table on which the literature is placed; a gas bracket is affixed to the wall to the left of the window, and above it is a ventilator with a rotary regulator; the floor is covered with linoleum, which can be easily removed, and the boards well scrubbed; on the wall, in the corner next the dispensing-room, is a small shelf, on which are placed the medicines to be called for.

The dispensing, rather larger than the waiting-room, is arranged so that the minimum of walking about is required. When dispensing, the medicines can be made up with only a step to the right or to the left and everything is at hand, the bottles are all placed in proper order, the various salts of the metals being kept together, as are the spirits, tinctures, infusions, and other fluid preparations, thus saving much waste of time. As this room is also used for consultations, the bottles are neatly and symmetrically labelled. When it is necessary to prevent a patient knowing what is being given him, he is asked to retire to the waiting-room till his medicine is ready.

On entering from the waiting-room, on the immediate left is a counter (*vide* fig. 1), underneath are ten drawers; the counter is 42 inches high and 20 inches wide, and is a convenient height for dispensing at—most surgery counters being too low, conducing to backache. At this counter all the solids are weighed, bottles wrapped, etc.; in fact, what may be called the dry operations of dispensing are performed here. The drawers are planned as in fig. 2, and contain the following articles:—

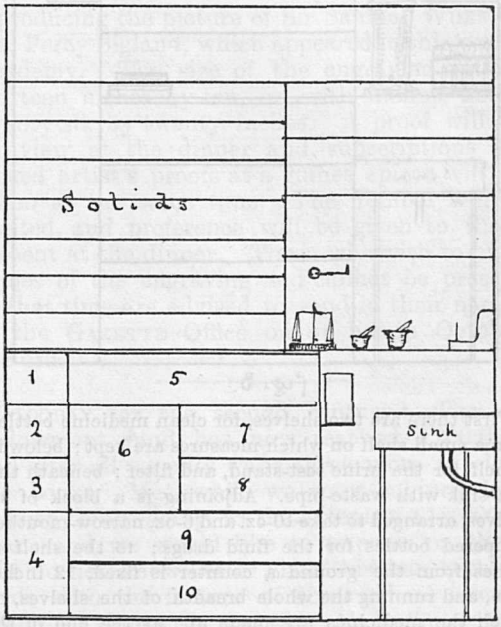


fig. 2.

1 & 2. Pill and chip boxes.
3. Small bottles.
4. Sundries.
5. Wrapping paper cut to sizes.
6. Corks. The drawer being divided into four compartments to take the various sizes.
7. Spatulas, scissors, corkscrews, etc.
8. Certificate books and stationery.
9. Clinical research box, ointment pots, etc.
10. Uncut demy and blotting paper, price lists, etc.

Above the counter is a block of seven shelves to accommodate 4-oz. and 2-oz. wide-mouth stoppered bottles, in which are all the solids used; next this block of shelving are four more shelves; on the three upper are stacked clean medicine bottles, and on the lower

will be found the beam dispensing scales; above the scales is a gas bracket, which has a bye-pass burner, which is always kept alight for sealing purposes; next the scales are the mortars and pestles, and under this shelf is the waste-box.

Continuing round, we find the second wall is fitted as follows (fig. 3) :—

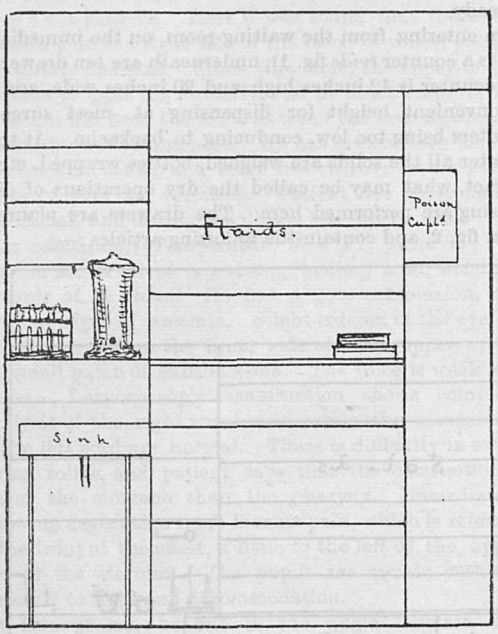


Fig. 3.

First there are two shelves, for clean medicine bottles, then a small shelf on which measures are kept; below it, a shelf for the urine test-stand, and filter; beneath this is a sink with waste-pipe. Adjoining is a block of six shelves, arranged to take 10-oz. and 6-oz. narrow-mouthed stoppered bottles for the fluid drugs; to the shelf 42 inches from the ground a counter is fixed, 12 inches wide, and running the whole breadth of the shelves, on which the medicines are made up; at the end of the counter, furthest from the sink, is the box of label-drawers, forming a desk for the support of the prescription book; the lowest shelf has a greater interval and is wider than the others, in order to hold larger bottles. In all the shelving, the top can be reached without the aid of steps. Commencing over the door leading from the waiting-room a shelf is carried round the two walls, on which are placed the stock for the replenishment of the dispensing bottles. Finally, next to the larger block of shelves, we have the poison cupboard.

The third wall has one small shelf for the special preparations, such as Liquor Bismuthi Co. Rubrum; the couch is against this wall, and a gas bracket is fixed above the couch; then comes a window. Occupying the fourth wall, up to the door, is a cupboard, similar to a shut-up bookcase, with glass upper doors, two drawers, and closed-in lower portion. In this cupboard are kept instrument cases, splints, bandages, dressings in the ever-ready caddies, etc. The door, which is used only by the owner, has a fanlight over it, and in the opposite wall is a ventilator similar to that in the waiting-room. The floor is covered with a carpet in two pieces, which are readily removed for cleaning purposes.

The heating of both rooms is by means of small oil stoves, which is found to be cheaper than coal or gas, and more cleanly than the former.

Had there been more room for building it would have been possible to suggest some improvements, but the space occupied by this description is already great, and the two rooms as they are fully answer the purpose of the designer.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

The Triumph of the Cricket Team.

DEAR SIR,—Will you permit me to add my hearty good wishes to the congratulations which in your last issue you offered to the cricket team upon their recent success in bringing back the cup to its old home. Some of us, who as members of suburban and other clubs, have on the field in days gone by waged friendly warfare against Guy's, are delighted to hear of the team's success, and we desire to join with you in the hope that it may indeed be long before the cup leaves its present home.—I am, dear sir, yours faithfully,

PERCY J. EDWARDS.

Anerley, 26th August, 1897.

A Clinical Registrar.

DEAR SIR,—It has for a long time seemed somewhat of an anomaly that, on the medical side of the hospital, about forty of the most interesting and difficult cases should be, as they are in Clinical, practically a sealed book to medical ward clerks and to those men who are approaching their finals and have not been fortunate enough to get the appointment of Clinical. Of course it is obvious that, considering the serious nature of the majority of cases which are taken into Clinical, it is out of the question that the patients should be disturbed at all times of the day by any enthusiastic amateur with a desire to look at cases generally and practice his physical signs; and besides the continual presence of outsiders would considerably detract from the value of the appointment from the Clinicals' point of view, and they are, needless to say, the first to be considered in the matter. It is at present open to anyone to go round with the physician in the afternoon, but this time of day is usually occupied by each man's own special appointment; hence this arrangement hardly meets the failing. If, however, as in the medical wards, a registrar could go round Clinical, say once a week or oftener, not to examine reports and point out obvious physical signs, but to demonstrate special points of interest, Clinical would more nearly fulfil the object for which it was designed.—Yours truly,

H. L. E.

Passim.

DURING the past fortnight two deaths have occurred amongst old Guy's men, which will be widely felt respectively in the older and in the younger generations of the Guy's profession. In Dr. Braxton Hicks we lose one of the most distinguished members of our consulting staff, a man who in his own branch of the profession held a world-wide reputation for sound scientific achievement and originality. With broad tastes and interests, he was able so far to pursue his favourite hobby of botany as to be elected on that account a Fellow of the Royal Society; while of his personal character, as he was known by Guy's men of twenty years or so ago, words cannot speak too highly. Dr. Braxton Hicks retired from the full staff of the hospital twelve years ago, while still in active health, and has been able to do some useful work even since then. It is interesting to note that he was at the same time on the staff of St. Mary's Hospital, a double connection which must at least be of very rare occurrence.

THE younger generation of Guy's men, who have only within the last few years gone out into the world, will feel most deeply the loss of one of their own number in Mr. Courtenay R. Colley. Mr. Colley only three years ago was compelled to leave the hospital on account of ill-health, before he had been able to fill a resident appointment. He emigrated to South Africa, married shortly afterwards, and a few months ago we announced the birth to him of a son and heir. His practice in Ladismith was very busy and successful, and a brilliant future seemed in store for him, but the gods have seen otherwise, and his life has been brought to an end almost by chance. Mr. Colley was one of those men, fully qualified for practical responsibility, whom it is our boast in Guy's that we turn out even among those who have not held a resident post. He was a great favourite with all who had the privilege to know him, and his departure for South Africa was in itself a grievous loss. Our sympathy will go out to his widow and to all who saw in him to their own advantage a noble example of heroism shown in the face of considerable disabilities.

A LARGE number of the friends and old pupils of Sir Samuel Wilks propose to entertain him at dinner to celebrate the recent recognition by Her Majesty of the services rendered by him to the cause of science, and to the advancement of medical knowledge. The dinner will be held on Wednesday, October 6th, 1897, at the Hotel Metropole, when our treasurer, Mr. H. Cosmo Bonsor, M.P., has kindly consented to take the chair. Over two hundred have already sent in their names, and if any old students who wish to attend have not already done so, they should forward their names at once to the secretary, Dr. Newton Pitt, 15, Portland Place, W., together with a cheque for twenty-two shillings, the price of a dinner ticket.

AN engraving is being prepared on behalf of the GAZETTE, by the best process available, reproducing the picture of Sir Samuel Wilks by Mr. Percy Bigland, which appeared in this year's Academy. The size of the engraving will be fourteen inches by ten, or, with mount, about twenty-six by twenty inches. A proof will be on view at the dinner and subscriptions for signed artist's proofs at a guinea apiece will be taken at the same time. The number will be limited, and preference will be given to those present at the dinner. Those who wish to have copies of the engraving and cannot be present at that time are advised to send in their names to the GAZETTE Office on or before October the 6th.

HOORAY for the second century! The re-endowment fund has now reached £200,000, and after all we only want three more to close the books. Meanwhile we want subscriptions to keep things going, to the extent of £15,000 a year; and we would like to impress on those who do not know better that this has nothing to do with the finance of the medical school, which, as things go nowadays, is a flourishing concern.

IT was a surprising thing the other day to see the letters "Astley Cooper" appear in gold-leaf over the entrance to Accident ward. It was felt to be an anomaly that the name of the great Guy's surgeon should not be perpetuated in connection with one of his wards, and as the fact of Accident ward being only one of two male accident wards was apt to cause confusion, the innovation will be a very welcome one, except for those whose sentiment centres round the old name. Miss Metcalfe is the first to hold the title temporarily of Sister Astley Cooper, and it is like old times to see her back there.

IT is interesting to look back upon the past history of each of the old surgical wards. Few of them have remained unaltered within the last half-century. Mr. Chapman himself was telling us only the other day how he helped to remove Esther ward to what used to be Patience and now consists of nurses' dormitories. Not many will remember that Esther ward used to run along over the colonnade, in the place now occupied by Sisters' rooms and the passages; so that to reach Job from Lydia, it was necessary either to go down the steps and up again, or else through Esther ward.

A MOOT point arose a little time back in connection with the admission of a student to the wards. As a rule, it is presumably an established thing that any man, student or otherwise, who comes into Guy's as an accident case is admitted under the surgeon for the week. The student in question, however, was dressing at the time for another surgeon, and would probably have preferred to be dressed by his own colleagues, who would certainly have been glad to have him. Whose case should he have been? There was one case, not many years ago, of a student, who was admitted under the taking-in firm, and, preferring to be treated by his friends in another firm, contrived to reach their ward, although only by first being discharged from the hospital. If a man is fastidious as to his firm, however, his only alternative, as we understand the rule, is to go across to Bright.

A CORRESPONDENT calls our attention to the unsatisfactory position of Clinical, judged from the stand-point of those who have not officially entered that sanctum. The best medical cases are drafted off into Miriam and John wards, and the ordinary man loses sight of them altogether. Without infringing the privileges of the Clinicals or the physical requirements of cases in the worst stage of illness, it might be possible to arrange for a Registrar to spend an hour in the ward every other morning giving an account of the cases and discussing their difficult points. Perhaps the house-physician in Clinical might make over his ward for the time being to one of the assistant house-physicians while he undertakes the duties of Registrar in Clinical. Some arrangement at least could probably be made which would not injuriously affect either party, and would at the same time prevent our museum of living pathology from being, as it was never intended to be, a closed book to all unqualified Guy's men.

THE ss. "Windward" has returned from Franz Josef Land bearing the Jackson-Harmsworth Polar expedition with it, including their medical officer, Mr. Reginald Koettlitz, who reports all safe and sound as on the day they started some three years ago. We noted the sailing of the "Windward" from London for Mr. Jackson's encampment—Elmwood in Franz Josef Land—to fetch the expedition home so recently as June 19th; so the journey has not taken long, especially since one's usual idea of a journey to polar regions includes a rest for a winter. The expedition have done some good scientific work, and have carefully made out the boundaries of Franz Josef Land and some of the neighbouring islands, which are now in possession of the British crown, the most northern possession of any nation.

THE circulation of Guy's men in South Africa appears to be very brisk. One of the famous conspirators has returned from Johannesburg, where his place is occupied in his absence by Dr. E. T. E. Hamilton. Mr. C. T. Anderson has joined Messrs. Elliott and Haylett in the New Somerset Hospital at Cape Town. And now Mr. H. A. Moffat, after campaigning in Greece and taking work as *locum tenens* for a fortnight, has also sailed for the Cape. His many friends wish him a successful career in whatever line he may work; and they grumble only that they were not given sufficient time to take a decent farewell of him.

WE were glad to hear the other day that Dr. F. H. Edwards passed the examination for membership of the College of Physicians with flying colours, according to one of the examiners. Mr. A. P. Beddard passed the examination earlier in the year, as did also Mr. Craig of St. Thomas's, whom many men have met at Bethlem. Our congratulations are none the less sincere because they come some months after time. The membership results generally do remain unknown to the world at large, and our source of information on the subject is as dry as on that of Oxford results, which arrive some months late, if indeed they arrive at all.

SURGEON-CAPTAIN BIRDWOOD'S interesting and on the whole satisfactory account of the Indian Medical Service in our last number has drawn forth a very melancholy rejoinder from Dr. Burton Brown, who has recently been obliged to resign his appointment in the service for reasons of health. We cannot help thinking that Dr. Burton Brown's experience has been

exceptionally unfortunate. Perhaps we may have further light on the subject from the personnel of the I.M.S.

The Chaplain will preach next Sunday evening on the conception of Christianity underlying Mr. Hall Caine's "Christian." We wish him well out of a somewhat thorny and miry path.

Admirers of Elizabeth Barrett Browning, "England's greatest poetess," may be interested to know that No. 50, Wimpole Street, which belongs to a member of our staff, is the one in which she wrote the greater number of her poems, and that as Miss Elizabeth Barrett Barrett she was married from this house to Mr. Robert Browning, in 1846, at the parish church of St. Marylebone, where a special Browning commemoration service was held a short time ago. Messrs. Smith, Elder & Co. are publishing some correspondence of the Brownings, and one of the firm undertook a short time ago to learn if the numbers of the street had been altered. On applying at the Portland Estate Office an official was seen who had been fifty-five years in the duke's service, and on referring to his estate books he was able to state authoritatively that no change had been made in the numbers of the street during that period. The identity of the house in which Miss Barrett lived and from which she married is thus placed beyond doubt. For some years before her marriage she was in delicate health and confined to her room. There is one son of the marriage, who is interested in the publication of the correspondence which is about to appear in print.

We regret to hear in the nursing world that Miss Lawrence, formerly known on night-duty and in the surgery as Sister Ella, and now as Sister Martha, is about to leave the hospital. Our best wishes will go with her to Egypt. Other changes of interest are recorded in Nursing News, and we have to congratulate Nurse Creighton, that was, on her appointment to the band of four that will in future rule over the fortunes of the surgery, out-patients and night duty.

We give elsewhere a notice of the Green Book for 1897–8, which has just made its appearance. At the same time we have received an advance copy of the new Blue Book of the Clubs' Union. This differs from the issue of last year only in the necessary alterations in the club rules and officials; in the addition of a hundred names or so to the host of Guy's men in the London, provincial and foreign lists; and finally—the one new feature—in the melancholy list of nine old members of the Clubs' Union, who during the last year have passed to their rest. With the exception of this suggestion, made in our notice of the book last year, we have to make the same comments now as then, for which we must refer the authors to page 350 of last year's Gazette. We should still like to see the various athletic events of three months ago added to those of former years, and the names given of teams that have represented the hospital during at least the past year. The signs and numbers against the names of members are still a sealed book to us. We have only been able to find one faulty address, and as the total is something over 1,500, this may well be excused. The book will continue to serve as a most useful reference book to the Guy's world.

In a recent issue we stated that Mr. F. E. Walker had been packed off to the London Fever Hospital with German measles, his disease having been previously diagnosed by the bacteriologists as diphtheria. It was a curious fact that there were Klebs-Löffler bacilli there without doubt; and it was thought possible that it was one of the very rare cases in which the bacilli may grow without giving rise to symptoms. The original diagnosis, however, has been confirmed by the unmistakable appearance of paralytic symptoms. Fortunately they have not been very severe or dangerous; and it is to be hoped, from the patient's point of view, that they will not recur. But it is a curious case.

It would be an excellent thing if the gynæcological operations—in fact all the operations for every day in the week—could be posted in the colonnade. The majority of men have no idea of when they can see the obstetric physicians operate; many indeed go up for their final without ever having seen such an operation; and many operations are performed now unnoticed, because they are not done on Tuesday or Friday. On other days it might well be entrusted to the instrument keeper.

In what language should one discourse to a young mother who brings up an infant, crying horribly, and on being addressed in German talks about it volubly as follows:—"Er ist sehr krank last week gewesen. Er eats cheese when ik geb sie to 'im; und Bissel Kochen; and ane klane glas of beer"? The diagnosis made was—Polish Jew.

THE alterations in the former Superintendent's House are gradually approaching completion. The ground floor rooms will be reserved for the Treasurer, the first floor rooms will be a general enquiry office and the main home of the re-endowment and sustentation funds, while two of the large rooms on the top floor will be reserved for the GAZETTE and the surplus officials of the treasurer's office. These will be cut off from the three other rooms on the top floor, which will serve, one for the house-surgeon for the week, the other two for the assistant surgeon on duty. The old dressers' bedrooms will be made respectable, the dressers' room proper will be turned into the Women's Surgery, and its function made over to the room on the first floor, hitherto occupied by the house-surgeon. Electric light, baths, speaking-tubes and other luxuries are being fitted up throughout the building on the east side of the front square, and by the end of the year we hope to be comfortable once more and tolerably clean and tidy.

THE editorial furniture, therefore, is moving into new quarters, with a beautiful view of the square, two windows, blue paint in two shades and brilliant electric light. "A new and clean-sweeping broom will occupy the editorial chair," as the penny-a-liner once wrote, when in a metaphorical mood; and as the new broom is one of the very best make, we leave our precious burden with confidence in his charge. In taking farewell of the nursling we have tended for some eighteen months we feel a lump or two rise in the throat as we wish it god-speed in the life-work before it,—the humble but honourable work of stimulating and fostering the *esprit de corps* of the Guy's world. We thank our friends cordially for the unvarying help and courtesy which we have continually met with in our labours, and as the midnight oil is far spent and the day is at hand, we will make our last bow and withdraw from the scene.

Appointments.

MEDICAL SCHOOL APPOINTMENTS.

The following appointments have been recommended by the Medical Council and approved by the Treasurer:—

Clinical Assistants.—Messrs. A. J. Cleveland, F. S. Batchelor, W. N. East, R. T. Fitz-Hugh, W. Mussell-white, A. E. Porter.

Gynæcological Assistants.—Messrs. C. R. Hodgson, G. E. Richmond (October–November); P. Turner (November–December); J. N. Gardiner, C. W. Booker (December–January).

Clinical Assistants in the Medical Wards.—Messrs. P. W. Moore (Dr. Taylor); H. D. Peile (Dr. Hale White); S. C. Clapham.

Clinical Assistants in the Surgical Wards.—Messrs. A. H. M. Saward (Mr. Golding Bird); F. J. Lidderdale.

Clinical Assistants in the Medical Out-Patients.—Messrs. H. W. Dudgeon (Dr. Pitt); J. E. Dupigny.

Dressers in the Eye Wards.—Messrs. Edward Evans, A. T. Falwasser (November) (Mr. Higgins); B. B. Gough, W. J. Lindsay (November) (Mr. Brailey); J. M. Fortescue-Brickdale, F. J. H. Martin (December 16th) (Mr. Higgins); H. Cardin, R. Kay (December 16th) (Mr. Brailey).

Dressers in the Throat Department.—Messrs. W. E. Plummer, H. V. Smith, J. T. Roberts, H. Simson, W. T. Milton, S. A. B. C. C. Pennington, F. E. Fremantle, W. C. Milward.

Surgeons' Dressers.—Messrs. W. L. Baker, J. E. Powell, H. C. Sturdy, T. H. Body, B. Isaac, J. Mathews (Mr. Howse); A. A. Miller, A. R. Thomas, H. N. Clarke, E. A. Longhurst, R. Michell, A. G. Osborn (Mr. Davies-Colley); J. L. Payne, W. H. M. Telling, F. E. Walker, E. W. S. Rowland, H. L. Eason, L. H. McGavin (Mr. Lucas); A. H. Carter, T. P. Berry, H. E. C. Fox, G. C. Owsley, R. H. J. Swan, F. D. Turner (Mr. Golding-Bird).

Assistant Surgeons' Dressers.—Messrs. A. Reid, D. J. Munro, S. A. Ruzzak, F. W. Brook, J. T. Dunston (Mr. Jacobson); F. R. Featherstone, A. E. Clarke, A. A. Smith, F. Shufflebotham, C. F. Watson (Mr. Symonds); W. McIlroy, C. H. Brangwin, H. B. Dismorr, J. J. Rodil, R. O. Jones (Mr. Lane); E. E. Parrett, E. J. Tongue, W. B. Hope, A. R. McLachlan, L. Wilkin (Mr. Dunn).

Medical Ward Clerks.—Messrs. O. Marriott, W. R. Cazenove, C. Edwards, W. W. Harrison, G. N. Meachen, J. H. Roberts, W. M. Thomas, C. A. D. Bryan, W. H. Edwards, G. T. Brundrett, J. G. Taylor, E. H. Cragg, A. W. Penrose, R. M. Barron, B. W. Moss, G. S. Simpson, C. T. Hilton, W. B. Secretan, W. G. Stewart, J. S. Cousins, L. C. Martin, J. T. M. McDougall, A. W. Powell, R. W. J. Radley, M. A. Alabone, A. G. Capel Davies, E. W. Goble, R. W. B. Hall, H. M. Hardy, C. E. Hicks, T. Morgan, C. B. Sells, F. O. Stoehr, P. H. Ward, T. E. Holman, D. P. Watson.

Surgical Ward Clerks.—Messrs. E. G. Andrew, J. Atkins, A. E. Cawston, A. Fraser, D. G. Greenfield, A. C. Ransford, A. W. Talbot, G. T. Wrench, E. H. Felton, H. McD. Parrott, C. H. Glenn, J. F. Northcott, H. S. A. Alder, A. H. Davies, R. C. Mullins.

Assistant Physicians' Clerks.—Messrs. J. B. C. Brockwell, H. C. Holden (Dr. Pitt); G. Shorland (Dr. Shaw); H. M. Reeve (Dr. Washbourn).

Post-mortem Clerks.—Messrs. K. B. Alexander, V. J. Crawford, E. W. H. Shenton (October–November); W. S. Richardson, E. G. Goddard (November–December); R. Balderston (December–January).

Obstetric Ward Clerks.—Messrs. H. P. W. Barrow, C. Shepherd, H. S. Turner.

Obstetric Out-Patients Clerks.—Messrs. E. S. Hall, A. B. Passmore. W. C. Pritchard, A. H. B. Kirkman (first half); E. Fryer, F. H. R. Heath, A. D. Lewis. R. J. Pritchard (second half).

Aural Surgeon's Dressers.—Messrs. S. Whicher, S. E. Denyer (November–December).

Dental Surgeons' Dressers.—Messrs. G. H. Bedford (October–November); H. Leader (November-December).

Assistant Surgeons' Clerks.—Messrs. A. W. Nourse, J. F. Northcott (Mr. Jacobson); E. Cohen, F. G. Cross (Mr. Symonds); C. D. Outred, G. Lewin (Mr. Dunn).

The Re-Endowment Fund.

It is a pleasing duty to be able to record anything like real progress. Matters have moved very slowly of late, and this year of grace will be chiefly remarkable for the paucity of supporters of our funds. Nevertheless, the amount received for the Re-endowment Fund since its inception now just exceeds £200,000.

This figure was reached by means of a donation from the committee of the American Victoria Jubilee Fund to endow a bed in honour of Her Majesty's Diamond Jubilee. Thus, had it not been for Miss Williams' munificient gift, any practical memorial of that national event within these walls would have been left to the generosity of people who are not the Queen's subjects, but whose gift loses none of its sweetness on that score.

The reading by Sir Squire Bancroft in aid of Guy's has been fixed for 24th November in the Crystal Palace Theatre. Printed particulars and tickets will be ready shortly. In the meantime, will all helpers for this occasion kindly send their names to the Secretary to the Treasurer?

The Authorities will shortly be compelled to issue an appeal for renewed and fresh support. Probably October will see a renewal of the effort to stimulate interest in the fortunes of Guy's.

The following notice is being placarded in the neighbourhood of the hospital:—

GUY'S HOSPITAL,
London Bridge, S.E.

APPEAL TO RESIDENTS
IN
SOUTH-EAST LONDON, KENT, SURREY AND SUSSEX.

These districts being within the immediate scope of the work of Guy's Hospital, the Governors specially appeal for local support. Annual subscriptions and donations are urgently requested to make good the deficiency in endowed income pending the completion of the re-endowment fund of £500,000, of which £197,000 has been received.

Towards meeting the serious lack of hospital accommodation in South London

40 OF THE 150 CLOSED BEDS

have recently been declared open, in the faith that public support will be forthcoming to maintain them.

£1,000 will endow a bed or £500 a cot in perpetuity. A bed or cot may be supported by annual payment of £50 or £25. Donations should be sent to H. Cosmo Bonsor, Esq., M.P., Treasurer.

Nursing News.

We are glad to hear that the tedious convalescence of the Matron is at length ended. She leaves for the North shortly, where a holiday is to be spent before resuming her duties, at the end of which time we shall be very glad to welcome her back.

It is with regret that we announce the forthcoming departure of Sister Martha (Miss Lawrence). She sails for Egypt early in October, with our best wishes for a safe and pleasant voyage.

Sister Eva (Miss Cawley, late Night Sister,) has been appointed to fill her place. She will commence work on September 22nd

Nurse Creighton has been appointed one of the sisters to take alternate out-patient, surgery, and night sisters' duties for periods of six months at a time. She commenced work as Out-patient Sister on the 30th of last month, after having filled the post of Head Nurse in Bright for one year and ten months.

Sister Bessie (Miss Hodges), now doing holiday work, will come on duty as Night Sister early in November.

In Praise of the Green Book.

It might be thought by the casual outsider that the book to which the above title refers was intended for the decadents, and would combine the gorgeous extravagancies of the Green Carnation with the profound obscenities of the Yellow Book. But no. However flippantly the clerk to the medical school may write in his leisure moments, in his official documents he is always concise, complete and to the point. In this instance he has made no exception to the rule, and the official year-book of our school has come out completer and more to the point than ever.

Its contents are, of course, much the same as before, but both in its sameness and in its differences it gives food for reflection. We note a certain breezy optimism about the descriptions of procedure in the visits of the staff to the wards, when "the history, nature and progress of the case are related by the ward-clerk from his notes"; and in the theatre where "the steps of the operation are detailed and carefully recorded by the ward-clerk." The proceedings in the out-patient department are described in glowing colours; Queen Victoria ward is already visited four times a week at half-past one o'clock, and the senior dental surgeon gives demonstrations on cases in the general wards, when practicable. But, seriously, it would be a good thing if the hours of attendance were fixed to

suit the physician or surgeon in charge, as is practically, but not officially, the case, and the fixed time, one or half-past one in out-patients, two or half-past two in the wards, were to be officially recognised. In any case 1.30, according to a recent order of the house-committee, should read 1.45.

The next cause for reflection is the heading "Clinical Assistants," and the subdivisions "in Clinical Ward," "in the General Wards," and so on. It is a serious grievance that the absolutely unique appointment of "clinical," which is one of the chief glories of Guy's and is held by old Guy's men to be worthy of insertion in the medical register, should be ranked with the new appointments, which, valuable as they are, can never offer the same social advantages, or be in any way considered as an honour comparable with that of their namesake and prototype. A new title for them is wanted, senior clerk, or senior dresser, scrutator, spectator, censor, assistant, or what you will, rather than depreciate the value of the old coinage.

We are glad to see the course, originally given by Mr. Targett, in practical surgery is now to be in the hands of the surgical registrar, and is to be repeated four times in a year, and in other ways adapted to the needs of the surgical ward-clerk. Dr. Horrocks' demonstrations will be at four on Tuesdays; and Mr. Targett will take the revision classes. In experimental psychology, Dr. Hyslop succeeds Dr. Rivers; in public health, Dr. Sykes has re-arranged his syllabus; and in morbid anatomy, Mr. G. B. Smith will divide Dr. Shaw's duties with him on Monday, Wednesday and Friday mornings at 9.30. Morbid histology is now called microscopical pathology, and includes some bacteriological work. Mr. G. B. Smith will accordingly be assisted by Mr. Pakes in these demonstrations, and the course, we hear, is to be considerably changed.

Mr. Handley takes Mr. Hamilton's place in anatomy; while Mr. Hopkins' work in chemistry is to be undertaken by Mr. Panting and in public health by Mr. Pakes. The new senior science scholarship is announced for the first time; and we note that the new physiological theatre will be used for clinical lectures next winter. It is strange to find so little mention of the Honor Oak ground, which must be a very considerable inducement to the intending Guy's man, for whom the book is largely designed. It is surprising also to find Mr. Ramsden's fellowship at Oxford *not mentioned*, as it was one of the greatest prizes available for the medical profession last year. We should like further to suggest that prizemen in future should be described by their places of education, and not by their residence, which can be of no possible interest; and we should like to see the account of each prize followed by the name of the present holder of the prize, both for his glory and for other persons' edification. These are only small and friendly suggestions, to accompany an expression of the praise which we would bestow upon the publication of the Green Book.

Silicate and Plaster Splints.

(*Concluded.*)

BAVARIAN AND CROFT.

These are the splints which in Guy's are employed in the majority of cases of fractures of the leg, either as a primary choice, or after preliminary treatment with back and side splints. In principle they are similar. Each consists of a double layer of coarse flannel shaped so as to fit the leg, the outer layer being impregnated with plaster, and the whole held together, while the plaster is setting, by a starched muslin bandage. It is common to regard them as mutually interchangeable; first one, then the other will be in fashion; one firm will treat all their fractures with Bavarians, another with Crofts. This practice is certainly undesirable; each splint has certain features of its own which renders it applicable to certain cases, and the ideal dresser would be equally conversant with either and would make a deliberate choice as to which to apply in a given instance.

CROFT.

Let us take the Croft first. It should be mentioned that its method of application can be better learnt by one object lesson in the wards than by any long verbal description. The following is meant to emphasize certain important points, and is intended for those who know the general outline of the process.

In principle a Croft consists of two lateral splints moulded to the shape of the limb and fixed together by a starched muslin bandage. Each lateral piece consists of two layers of flannel so shaped as to be equal in width to half the circumference of the limb at each point. The outer layer is stiffened by being impregnated with plaster of Paris.

Materials required.—Flannel; plaster; starched muslin bandages; strapping; blue pencil.

Stages.—1. Measurement of the leg and cutting out of flannel.

2. Soaking the muslin bandages and mixing the plaster.

3. Saturating the outer pieces of flannel with plaster and laying them out flat on the inner pieces.

4. Application of the splint to the leg; reduction of the deformity by extension on the foot, and fixation of the splint by the bandages.

5. Drying of the splint.

The first two stages are comparatively simple and can be carried out at leisure. It may be mentioned that the points usually taken for measurement are the following: (1) round the balls of the toes; (2) round the middle of the arch of the foot: (3) from a point in front of the ankle-joint (*a*) round the point of the heel, and from the same point (*b*) round the malleoli and tendo Achillis: (4) above the malleoli; (5) below the swelling of the calf; (6) round the largest part of the calf; (7), (8), (9) immediately below, over the middle of, and immediately above the knee; (10) round the middle of the thigh.

The most important measurements are those included under number (3), and the point in front of the ankle from which they are taken must be most carefully marked. It is here that the front border of the splint turns forward at a right angle to run along the dorsum of the foot. In applying the splint it is essential that it should be exactly adjusted or all the other measurements will come wrong.

From the moment the plaster is fully mixed till it begins to set is about five minutes, and it is in this period that the next two, *i.e.*, the really important stages, have to be completed. Hence, everything must be done rapidly, yet deliberately; and no time must be wasted. It is essential that everybody should know exactly what they are to do, or else they will simply get in the way and be a nuisance. Three people are necessary and a fourth convenient. They will be described as A and B, who are the dressers on duty, B being in charge of the case; C, who is either a dresser or a ward clerk; and D, who is generally a ward clerk. Their duties are as follows:—C mixes the plaster and soaks the outer layers of flannel; then B lifts out the latter while C runs his hands along them to remove any excess. B and C then lay them on the inner layers. Then C takes the two top ends and B the two bottom ends, and they apply them to the leg. The method of doing this is important. As mentioned above the pivot point of a Croft is the point in front of the ankle at the angle between the foot and leg pieces. This must be applied exactly to the right spot; if it slips half-an-inch up or down it will throw the ankle measurements completely wrong and the Croft will not fit. Hence B, standing at the bottom of the bed, firmly fixes this point with the fingers of the right hand, while with the thumb of the right and with the left hand he adjusts the foot-pieces, at the same time lifting the patient's foot off the bed. In the meantime, C pulls on the top and so keeps the leg-pieces taut. A has clean hands, and has been standing ready with the muslin bandage to the outer side of the leg, and as soon as the splint is adjusted (and it takes only a few seconds) fixes it first above the malleoli and then round the foot, and then by figure of eight turns over the ankle, B shifting his hands as required but not allowing the splint to slip. The ankle and foot being now fixed, B is at liberty to perform his other important function, viz., to reduce the fracture. He sees that the foot is at right angles to the leg, and makes extension on the leg through the foot while A carries the bandage up the leg. The splint is now fixed all the way up; but B must maintain extension till the plaster has set, while A puts on the "beauty bandage."

It will be noticed that B does not bother about making extension until the splint is fixed in position round the foot. This is a good rule. The attempt to make forcible extension and at the same time to use both hands in adjusting the splint almost always results in the pivot point slipping down; and if, as is sometimes proposed, a third person is told off to make extension, it means that three pairs of hands are engaged on the foot, and the result is a hopeless muddle. The objection that this method of procedure would fix the fracture in a wrong position is groundless. For in the first place the splint is quite soft, and when extension is first applied it readily alters its shape; and in the second place extension is applied before the bandage is carried up the leg where the fracture usually is. If a fourth person, D, is present he may help A by holding together the splint in the middle of the leg and thus prevent the tendency for side pieces to gape in front and overlap behind. If, however, B has fixed the pieces at the right point and C keeps them properly taut this difficulty scarcely arises.

It is to be noticed that B and C have their hands soiled with plaster while A has his clean for bandaging. B is the most important person; for on him the *fit* of the Croft round the ankle and the efficient reduction of the deformity will depend. Hence he is the dresser for the case. A is his colleague, and on his skill in bandaging depends the *look* of the Croft. C is preferably a dresser, but may be a ward clerk provided he thoroughly understands mixing the plaster (for the importance of which *vide supra*, p. 394).

The above description may sound long winded, but the manipulations described can be effected in a few seconds provided every one knows what to do. On the other hand, a little doubt and blundering not only gives needless pain to the patient, but often also ruins the Croft by allowing it to set before the bandaging is completed. As regards the muslin bandages a slight difficulty constantly arises. Everyone is agreed that they should be well soaked in *hot* water. Then, however, one is left on the horns of a dilemma. If they are well squeezed most of the starch is pressed out, and the bandage tends to peel off when it is dry; on the other hand, if used wet they stick firmly, but the splint takes much longer to dry. On the whole it is probably best to use them fairly wet, but possibly some of the Sisters, who are better acquainted with starch and muslin and their ways, could suggest a remedy.

Bavarian.—The materials required are the same as for a Croft, with the addition of a needle and thread. Two pieces of flannel are cut long enough to reach from the thigh to the toes, and two or three inches wider than the circumference of the leg. They are then sewn together along the middle line for the length of the leg, from the thigh to the heel; and beyond this, for the part which corresponds to the sole of the foot, both layers should be cut through with scissors in the same line. The inner layer is brought round the sides of the leg and sewn along the front, as in making a silicate. At the foot it is sown both along the dorsum and also along the middle line of the sole. (Bavarians are sometimes made without this seam along the sole. This omission, however, leads to difficulties when the splint is cut up, and the above will be found to be much the better method). The superfluous flannel of the inner layer is then cut off an inch beyond the seams, so as to leave a free edge. The outer layer is now fitted round the leg

and cut close to the seam. The leg is thus enclosed in a stocking of flannel formed of the inner layer, while hinged to this along the back of the leg is the outer layer which corresponds in shape to the two outer pieces of a Croft sewn together behind.

The plaster is mixed, preferably in a basin with a spout, and poured in between the two layers. Finally, the free edge of the inner layer is turned back over the outer layer, and the splint bandaged on with muslin bandages. Only two persons are required. A, the dresser of the case, mixes the plaster and pours it between the two layers, while B helps to spread it evenly and adjusts the outer layer. Subsequently the former (A) takes charge of the foot and makes extension while the latter (B) bandages. Of course, both assistants have their hands soiled with plaster, and this makes the bandaging more difficult and less neat; hence if a third is present he should wait with clean hands till the plaster has been poured in and the outer layer adjusted, and then begin bandaging.

Relative advantages of Bavarians and Crofts.—In comparing these two splints, it will be seen that whereas the Bavarian consists of a layer of plaster *between* two layers of flannel, the Croft consists of an inner layer of flannel and an outer layer impregnated with plaster. In the former case, the plaster sets between the layers; in the latter, in the substance of the outer layer. The latter is obviously the better arrangement, for the plaster renders the flannel quite rigid, while the hairs composing the flannel bind the plaster together, and prevent it from cracking. Weight for weight, then, a Croft is stronger than a Bavarian. In practice, the Bavarian is made as strong, but only by using much more plaster. Hence, though as usually made, there is not much difference in strength, there is a decided difference in weight, and the first distinct advantage of a Croft is that it is decidedly lighter.

A second point is, that a Croft, if well made, fits more perfectly round the ankle. The foot of a Bavarian is always a difficulty. There is no nice trough into which to pour the plaster as there is in the leg where the two layers are sewn together, and it will be found in practice that the ankle is very apt to be a weak point, where, after a few days, the splint gives and cracks.

On the other hand, a Croft is much more difficult to make. It requires constant practice by the same members of the firm before the results are really perfect, so that it is only once or twice a year that a really first-rate Croft firm exists in the hospital.

The disadvantages of a Bavarian are, as above stated, its weight and its weakness about the ankle. Its advantage consists in its simplicity. Only one assistant is requisite; a dresser and ward-clerk, provided the latter can bandage well, can put on a Bavarian quite easily, the former mixing the plaster and adjusting the foot (see above, A), and the latter bandaging (B). In short, Bavarians are very well suited for knee cases or for fractures high up the leg, for here the question of the fit round the ankle is not of great importance; and they are indicated where, as is often the case in private practice, a sufficient number of skilled assistants are unobtainable. Crofts are especially indicated in fractures in the neighbourhood of the ankle, and may be used with advantage in other fractures on account of their lightness, provided the dressers are sufficiently adept. If people doubt their skill, a passable Bavarian is easier to make than a passable Croft.

Before leaving the subject of this comparison, it is necessary to mention a modified Bavarian which has special advantages. The inner fold is made of gamgee tissue, the outer of flannel. The two are sewn together down the back of the leg, and then cut out and applied as before. The resulting splint is lined with gamgee tissue like a silicate. It is perhaps not quite so strong as the usual Bavarian, as the inside layer of gamgee allows the plaster to give slightly. It is, however, extremely comfortable, and would be useful in private practice. It is also *very valuable* in the case of fractures in *children* when a soft well-lined but, at the same time, close-fitting splint is essential.*

When the splint is finished and the plaster has set satisfactorily, it is left to dry. As this is simply a question of evaporation of the excess of water, it may be hastened by the application of heat in the form of hot-water bottles. In this respect plaster splints form a direct contrast to silicates.

The question of cutting-up and finishing-off remains to be considered. How soon ought a Croft or Bavarian to be cut up? The answer usually given is within twenty-four hours. In this case, however, there is no reason similar to that which exists in the case of silicates, for as plaster does not get progressively harder, it is no easier to cut up a Croft at the end of a day than at the end of a week. Hence it may be asked, what is the effect of cutting up a Croft? Two advantages may be quoted (*a*) it allows more play in the splint, which is subsequently only held together by bandages instead of rigidly by plaster, (*b*) it allows a soft lining to be introduced. Two equally marked disadvantages exist, viz.: (1) the very fact of the increased play mentioned above means so much loss of rigidity and firmness, and (2) the fit is never so perfect after the splint has been shifted and reapplied as it was in its original position. This is especially true if any lining is introduced, for this prevents the edges coming completely together and leaves a gap down the front of the leg. Hence, in considering whether to cut up a Croft the danger of undue compression of the leg has to be balanced against the partial sacrifice of the efficiency of the splint. No rigid rule can be given, and each case must be judged for itself.

Practically where a Croft is used for a *recent* fracture it is generally advisable to cut it up in about 24 hours, or earlier if there are signs of swelling and the toes are cold. If on cutting it up the leg looks well and there is no swelling or bruising, it is best not to disturb it at all, but

* N.B.—Messrs. Robinson & Co. on seeing the first part of this article in the last number of the GAZETTE, write to say that they supply a special gamgee tissue for the purpose, the inner lining being impermeable to the fluid used.—Ed.

to bandage it firmly together again. In a well-made splint there should be no rough lumps of plaster on the inside, and the inner layer of flannel will not gall the leg, provided the fit is good.

If, however, the leg is much swollen with blebs and ecchymosis, it is advisable to open out or remove the splint and line the inside with lint.

In fractures which have been treated primarily with back and side splints, and in cases of synovitis or operation about the knee or ankle, there is no danger of swelling after the application of the splint unless the bandaging has been needlessly tight. Hence, no advantage is gained by cutting up such splints. They are much better left intact, perhaps for as long as three weeks. At the end of that time, and before the patient leaves the hospital, it is generally advisable to cut up the splint and examine the leg. Of course any swelling or numbness of the toes, or pain occurring in these cases is an indication for cutting up a Croft. It usually means that the bandaging has been needlessly tight. Simply cutting up and then bandaging together without any other disturbance will usually give complete relief. In such a case it is sufficient to cut it only along the front of the leg and dorsum of the foot. If, however, any attempt is to be made to lift out the leg, or to open out the splint in order to line it, it should invariably be cut along the sole of the foot as well. If this precaution is neglected the natural hinge which reaches along the back of the splint from the thigh to the heel cannot come into play, and the important part round the ankle is cracked or bent out of shape.

Before any patient leaves the hospital the edges, top and bottom of a Croft or Bavarian should invariably be protected with strapping in the manner described under *silicates*. This not only renders them more durable, but also gives them a neat, finished, workmanlike appearance, which without it they inevitably lack.

Lastly, a word may be added about the material with which to line plaster splints. This is frequently done with wool packed in more or less irregularly wherever there seems to be a gap. This soon becomes lumpy and uneven and destroys the fit of the splint. One has only to look at the lines and creases marked on the skin of the patient after such a splint has been removed to see how irregularly distributed the pressure has been. The ideal lining material should be soft and also perfectly smooth so as to follow exactly the lines of the splint. Gamgee tissue may be used; it is soft and comfortable, but too bulky, so that the edges of the splint will not nearly come together, and a wide gap is left in front. The most generally useful material is a single layer of lint. This is laid inside the splint and spread out evenly; the edges are then fixed with the same strapping that protects the edges of the splint (*vide* description of method of finishing off silicates) p. 393. In order to make it lie smoothly at the ankle a V shaped piece must be cut out on either side. The large pieces of lint sent up from the dispensary will be found just big enough to line an ordinary splint.

If, after some time, owing to the wasting of the limb, a splint becomes too loose a second piece of lint inserted similarly to the above will restore the fit.

And now to conclude. This article began with an apology for the nature of the subject; it must close with one for the length to which it has reached. Though much that has been written may appear obvious or perfectly well known, yet it was impossible to omit it altogether without being in danger of misleading some one. What may come by instinct to one person is the very thing which another unconsciously omits. To those who have made a special study of the subject these notes will probably contain nothing new, but to others who, like the writer, are conscious that most of the splints for which they have been responsible have come short of the ideal, while one or two have been downright failures, which have had to be replaced by a second effort, they may be of some value. For such it is hoped that a study of the description of each splint may serve to clear up one or more points on which there has previously been doubt, or to correct mistakes which have been made in the past.

ROBERT HOWARD.

The Indian Medical Service.

I FEEL I cannot but differ from Surgeon-Captain Birdwood's enthusiastic view of the conditions of service in the Indian Medical, though I recognize that his enthusiasm comes straight from his own experiences in the Abor expedition, in Waziristan, and the Kurram, in the former of which the official dispatches recognized his great services, and I have often heard from members of that force how invaluable those services were.

But the fact is, service with a native regiment has of late years become so unpopular, that practically every member of the I.M.S. nowadays puts down his name for civil employment as soon as he arrives in India, and strives his best to get it. Now, nearly half of the service must be in military employment, so that competition for civil having become severer and severer, and as practically seniority has all to do with obtaining it, the junior members of the service must expect nowadays to have to wait longer and longer for it (unless possessed of commanding influence), so that even at present I should say six or seven years of waiting are necessary, and in the near future at least half the total service will have to be passed on military service.

One's duties in a native regiment are, of course, very light in times of peace; the daily round of the hospital, a certain number of returns, a little recruit inspecting—a dry routine of work. Sometimes other work can be obtained, a civil hospital may be a subsidiary charge, as in the Kurram. There are, however, not many such appointments—some twenty or so in the whole of India. Work on one's own account is extremely difficult to carry out, either clinical or scientific, and but little work can be seen in the civil hospitals on account of the

very frequent changes of station during the first few years of service. From the point of view of interesting work, then, not much can be said for medical charge of a native regiment.

One of the greatest changes that has come over the service of late years is the extreme difficulty of obtaining leave while in military employment. There are so few medical officers in comparison to the need for them, that every little expedition stops leave to a greater or less extent. Thus, the leave of many was stopped in 1892, 1894, 1896, of all in 1895, and again this year. This scarcity of leave applies mainly to medical officers, those of other services finding little difficulty, as a general rule, in obtaining it; so that, for instance, at the present moment, while of the combatants only those whose regiments are actually on service, of the medical officers all on ordinary leave have been recalled. Short leave is almost more difficult to get than long. This can only be obtained on condition that one's work be done by some one else actually on duty at the same station. Now there are very few stations, comparatively, at which two I.M.S. officers are stationed. This is due partly to the spreading out of the Indian army over an extended frontier, and partly to the undermanning of the service whereby one man is made, wherever possible, to do the work of two. Taking all causes together, a medical officer does not get a quarter of the leave which he is entitled to, or of that which a combatant officer of similar length of service gets. This want of leave is extremely trying, and it no doubt is responsible more than anything else for much of the invaliding in the service.

Pay, though sufficient, with care, for a bachelor, is inadequate for a married man in military employment for at least the first six or eight years, and even then is only barely adequate for many years.

Lastly, a thing which is difficult for civilians to understand, which is difficult to write about, which nevertheless exists to a very real and appreciable extent in military service, the official friction between medical and combatant officers, which has to be got over, but which requires much tact and much patience under official snubs, and which is without doubt owing partly to the spirit of militarism, good in itself no doubt, which has permeated both British and Indian armies, and partly to the limited experience of the world of the crammer-trained subaltern of the present day. On active service this is minimised and in small frontier stations is often little felt; but in cantonments the medical officer is usually expected to be, and is, such a bird of passage nowadays, that he is very seldom looked on or treated as an inherent member of the regiment, and thus finds himself in a false position, belonging in name only to the regiment of which, according to the Army List, he is as much a member as any other officer.

Surgeon-Captain Birdwood's account of life in an ordinary cantonment is confined to service with a single regiment, of which I have also held the medical charge for a short time, and I can quite understand his account of life in it; but I am sure he will forgive me, if I point out his private relations to that regiment were exceptional, seeing that his brother was for many years the extremely popular adjutant of it.

Service in the Army Medical Staff in India is far superior, on every possible count, to military employment in the Indian Medical Service. They have as good pay; far better conditions of work; healthier stations; far better opportunities of leave; far more independence of action; a better official position. This was first pointed out to me by one of the ablest members of the I.M.S., who holds one of the most important appointments in it, and all my experience goes to confirm this opinion. The difference between the nursing equipment, etc., of an Army Medical Staff hospital and one of a native regiment is as much as—to compare small things with great—that between Guy's and an infirmary *Verbum sap.*

The old prestige of the I.M.S. has, it is true, concealed this change from the public eye; older members are often unaware of it; the younger do not often rush into print about it—they are too far off—and in India, "the land of regrets," one soon recognises the true meaning of the word kismet. There is, too, a hope of release to civil employment.

The many disadvantages of service in the A.M.S. do not need any comment from me. I only wish to point out that, as a matter of fact, the I.M.S. shares most of these, and has in addition many others of its own.

I have tried to make it clear that nowadays civil employment must be waited for, for some considerable time. It has the advantages of better (and far more) work; more leave and independence of action. The pay is less at first, and there is even more tossing about from station to station; still, not as before, over a whole Presidency, merely over a province; that is, over an area as large or larger than Great Britain.

One's work as a civil surgeon consists very largely in operating. The average number of successful operations affords an easy test of one's work for the Gods at Simla, so that the rush of work over these is unending; indeed, I have been credibly informed of a case in which four major operations were performed on one individual who needed none of them. Still the interest of such work is extreme, and were the prizes, and rewards, what they were, there would not be much to complain of in civil employment. As it is they are much diminished in number and extent. In nearly every large place, independent European practitioners are to be found, who are quickly absorbing most of the private practice once so lucrative to the service man, hurried about as he is from place to place before he has even a chance of becoming known anywhere. The natives, too, whom we have trained in our Indian Colleges, and the increasing number trained at home, are very serious competitors, and have won over most of the practice amongst the wealthier of their compatriots.

Especially is this the case in surgery. I have been told by a man, qualified in every way to judge, that there

is very little hope of any European in future ever obtaining a lucrative surgical practice amongst natives, and of course there is very little surgery done in private practice among Europeans. The Indian Government has surrounded medical attendance on native noblemen with a bristling ring of rules for service men, one of which is that no fees can be paid amounting to more than 1000 rupees in the year without special sanction.

Some ten or twelve years ago a regulation was made that families of military officers—a large proportion of the European population—should be treated gratuitously, which at once deprived the civil medical officers of the hill stations of many of their fees. The depreciation of the rupee has rendered the official European much poorer than before, and he naturally economises where he can, so that the old custom—once practically universal amongst married civilians—of retaining the services of the civil surgeon by a payment of two per cent. of their monthly salary, is now much more honoured in the breach than in the observance. No private practice is now allowed to the holders of many appointments, *e.g.*, jails, sanitary superintendents, and certain college appointments.

On the other hand, the enormous increase of official work has greatly curtailed the time and diminished the strength for private practice. Thus, the great popularity in India of the Lahore Medical College has trebled the number of students, whilst the number of professors has been increased from four to five. Certainly there are a few great prizes to be had in Calcutta and elsewhere. Probably, however, not two per cent. of the whole service can nowadays hope to save anything towards their pension time.

The mortality of the service is not published officially. Probably it is some seven to ten times that of the medical profession in England, and the invaliding, of course, is always very great.

I have sketched in bare outline a few of the disadvantages of the I.M.S. I have omitted many, the vanishing rupee, the exile, the climate and want of common comforts of life, which are common to other services, but are compensated for the soldier by unrivalled opportunities of distinction and service, by wide reaching power and ample pay for the political officer and civilian. I have understated most; for instance, take the case of sick leave. A man gets ill on service while under five years' service; he gets a year's sick leave on £200 a year, out of which he has to pay at least £100 for his passage, leaving him £100 to live on at home, for he is not likely to have saved anything. I have known men to have to borrow largely under these circumstances, and be crippled for many years in this way. For the married man leave home is an impossibility until he is well up in the service, unless he have private means or borrows. At any rate, all my statements are based on my own experience and that of many others in most varieties of both military and civil employ in several provinces and many stations.

F. H. BURTON BROWN.

7, Via Venti Settembre, Rome.

Novelties.

MATERIA MEDICA, PHARMACY, ETC.

The Instra Warmer.

There are two portable methods of maintaining animal heat—food and clothing. Messrs. D. Blair & Co., 47, Cannon Street, E.C., have given us a third. We can now carry our own fires with us. We need not be afraid of burning ourselves, the apparatus is perfectly safe in this respect, and we can carry without fear what is really a portable stove. The manufacturers state that "the Instra is the first practical means by which slow-burning fuel has been made available for heating the human body in a safe and cleanly manner." So small an amount of fuel is used that a refill which lasts three or four hours weighs only one-seventh of an ounce. The fuel refills used are made from a shrub growing in the East; the internal portion of the shrub supplies the inside of the refill, the bark the outer covering. We should describe the Instra as a closed metallic vessel intended for the burning of a cylinder of compressed pulvis carbonis ligni. The pocket Instra is made of white metal, about four inches long, convex in shape, so that it can be easily carried in the pocket. The sides are pierced with holes in order to admit air, and there is within a wire cage cylinder for holding the carbon. The rod of carbon is lighted and then placed in the cage, and the top secured by a screw lid. The combustion is very slow; there is no smell or visible fumes emitted, and the apparatus remains hot for three or four hours. The Instra Chest Stove, shaped to the contour of the chest, can be used not only to apply heat to the chest, but as a foot warmer. The old warming-pan is now as rare as the tinder box, but those of us who are old enough have grateful recollections of that useful article. The Instra will now replace it, and much more efficiently. It is necessary to notice in testing the apparatus that if left out in the cold it cools down, and is hardly more than tepid; if kept in a pocket it remains warm. The manufacturers are to be congratulated upon having produced so simple and efficient an apparatus, which requires only to be known to be appreciated.

Papers by Guy's Men.

A Case of Carbolic Poisoning from the application of a Carbolic Compress to the Skin. By R. Clement Lucas, B.S. Lond., F.R.C.S. Eng.—*Lancet*, 28th August.

Disappearance of a Cardiac Murmur. By C. J. Whitby, M.D. Camb.—*Brit. Med. Jour.*, 21st August.

We regret that through lack of space we are obliged to hold over to our next issue letters from Mr. Thomas Bryant, "Jubilee," Dr. Wm. Soper, H. J. S., and Dr. Holmested, as well as several short articles.

Reviews.

Handbook of Diseases of the Eye, and their Treatment. By Henry R. Swanzy, A.M., M.B., F.R.C.S.I. Sixth edition. (H. K. Lewis. London, 1897.)

The many excellent qualities that have made this text-book on diseases of the eye so justly popular amongst students and practitioners are so well known, that we need do little more than refer to the fact that it has now reached a sixth edition. In the new edition Mr. Swanzy has thoroughly revised the work throughout and made such alterations and additions as have seemed to him expedient. He has omitted the chapter on elementary optics, a subject that can be readily referred to elsewhere, and has thus been able, without unduly increasing the size of the book, to make certain additions which add to its value. More attention has been given to the ocular diseases and symptoms liable to accompany diffuse organic brain disease, and diseases of the spinal cord, and an account of the functional derangements of vision has been introduced. The symptoms and diagnosis of tumours originating in the orbit or encroaching upon the orbit from the neighbouring cavities are now treated at greater length. The book as it stands revised is a concise yet eminently readable and practical guide to the diseases of the eye.

Diseases of Women and Uterine Therapeutics. By Macnaughton-Jones. (Baillière, Tindall & Cox).

This work, now in its seventh edition, cannot fail to be a useful addition to the practitioner's library. The diseases of women are treated of in a thoroughly scientific manner, and if the pathology in every case is not quite up to date, the chapters on treatment more than make up for shortcomings in that direction. The chapters on the operative procedures for the removal of uterine and ovarian tumours are particularly well done, are illustrated by clear, useful diagrams, and contain descriptions of the methods employed by most of the well-known continental and English surgeons. Besides gynæcology pure and simple the book contains much useful information concerning diseases of the bladder, ureters and rectum in women. Throughout the book will be found many valuable hints, evidently the outcome of mature experience, which will guide the young practitioner over many difficult places from the point of view of the physical side of gynæcology.

From the Gazette's Special Pathologist.

ALL specimens—particularly those of solid tissues—should be accompanied, if possible, by a short clinical and post-mortem history, and a postal order for 2s. 6d. An extra charge of 6d. per slide is made when prepared sections are to be forwarded.

Directions to be followed in sending *Diphtheritic Membrane*:—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

All specimens to be addressed to the GAZETTE PATHOLOGIST, Medical Office.

Diphtheria specimens are to be labelled *Immediate*.

Postal Orders to be made payable to Mr. C. H. WELLS.

NOTICES.

H. V. R., FORDINGBRIDGE.—The specimen on section shows a subungual exostosis. It springs from the dorsal surface of the ungual phalanx, near its distal extremity, and has pushed up the nail. The outgrowth is entirely composed of osseous tissue.

Z. R. B. B., TUNBRIDGE WELLS.—No tubercle bacilli could be found in the sputum.

A. N. W., PECKHAM.—The sections of this specimen are remarkable in containing both tubercle and cancer. The tubercle is in the form of grey and caseous nodules, near the capsule of the liver, while the cancer consists of secondary deposits of a columnar-celled carcinoma, such as might arise in the stomach or intestinal tract.

PATHOLOGIST.

Births.

COLLIER.—On August 23rd, at Adderbury, Oxon, the wife of H. W. Collier, M.B., B.S. Lond., of a son.

WARNUM.—On August 27th, at 6, College Terrace, Fitzjohn's Avenue, N.W., the wife of George Porter Warnum, M.R.C.S. Eng., of a son.

Marriage.

DE KORTE—OSBORNE.—On August 10th at Graaff, Reinet, South Africa, William Edmond De Korté, M.B. Lond., to Annie E. Osborne.

Deaths.

COLLEY.—On September 1st, at Ladismith, Cape Colony, South Africa, Courtenay Rossiter Colley, M.R.C.S., L.R.C.P. Lond., elder son of the late Charles C. Colley, of Carisbrooke, Mount Nod Road, Streatham, aged 27 years.

HICKS.—On August 28th, at The Brackens, Lymington, Hants, John Braxton Hicks, F.R.S., F.L.S., M.D. Lond., F.R.C.P., second son of Edward Hicks, Esq., J.P.

ED.—F. E. F.

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M. A. B.

The M.A.B. arrangements are as follows:—

Eastern at Homerton (Dr. Goodall), Tuesdays and Fridays at 11, from October 13th.

Western at Fulham (Mr. Bruce), Tuesdays and Fridays at 11, from October 6th.

North-Western at Haverstock Hill (Dr. Gayton), Tuesdays and Fridays at 11, from October 5th.

South-Western at Stockwell (Dr. Caiger), Tuesdays and Fridays at 11, from October 4th.

South-Eastern at New Cross (Dr. Turner), Tuesdays and Fridays at 11, from October 5th.

Fee: Three Guineas for two months or Four Guineas for three months. For further particulars apply to the Office.

Calendar of Coming Events.

September.

Sat. 25.—Mr. Howse's take-in; Drs. E. Ashby and H. W. Fox; Cl. F. A. Godson.

Wed. 29.—Mr. Davies-Colley's take-in; Drs. P. W. Moore and G. N. Mottram; Cl. C. P. Weekes.

October.

Sat. 2.—G.H.R.F.C., Trial Game at Honor Oak Park.
G.H.A.F.C. ditto.

Mon. 4.—Winter Session begins.
Opening Night of the Physical Society.
House dinner at 6·0 p.m., C. J. Symonds, Esq., in the chair.
Paper by C. D. Muspratt, Esq., M.D., F.R.C.S., of Bournemouth, at 8 p.m., in the new lecture theatre, Sir Samuel Wilks, P.R.C.P., in the chair.

Tues. 5.—First Conjoint Examination begins.
General Meeting of the Disguysed Minstrels Club, 4·15 p.m.
First part Camb. D.P.H. Examination begins.

Wed. 6.—Mr. Lucas' take-in; Drs. J. L. Payne and W. H. M. Telling; Cl. F. S. Batchelor.
Dinner to Sir Samuel Wilks at the Hotel Metropole at 6·30 p.m., H. Cosmo Bonsor, Esq., M.P., in the chair.
G.H.R.F.C., Trial Game Honor Oak Park.
G.H.A.F.C. ditto.

Thur. 7.—Second Conjoint Examination begins.

Sat. 9.—G.H.A.F.C., I., Idlers, away.
II., Old Cranleighans' 2nd, home.
1·15 Clinical lecture by Dr. Hale White.

Guy's Hospital Gazette,

SEPTEMBER 25, 1897.

October the First—To our New Friends.

Our first word in a number like this must be words of very hearty welcome, congratulation, and—if it be permitted us—of advice to those who come amongst us for the first time.

We would congratulate them on their choice of a hospital, and on their preference for Guy's over others at first sight more alluring in their position, or more commanding and palatial in their buildings. We congratulate them that they have shut their eyes to the enticements of hospitals, whether standing in the far West, in the sight of the parks and all the life of the London season, or with far more commanding buildings than ours, whether on the Embankment or in the City—that they have not been misled by the announcement of a hospital in the far East, that "it is the largest general hospital in the kingdom, containing nearly 800 beds, all in constant use." We congratulate our new comers, heartily, that their footsteps have brought them safely past these sirens into our dear, though dingy Quadrangle, past the statue of our generous, gentle Founder, which every true-hearted Guy's man loves so well. As from October the first forwards, our new friends are every bit Guy's men, we would ask to remind them of two especial attributes which we claim to distinguish Guy's men above all others. One, the very strong *esprit de corps* which binds us together, here and hereafter;* the other, that it

* On this subject we cannot do better than quote from the leading article of last year:—"It is for each new student who joins to see that he does all in his power to promote this spirit; that he be slow to take offence and quick to forgive; that he should interpret charitably actions which he cannot understand, and praise the good rather than proclaim abroad the unpleasant parts of his experience; that he should be careful never to talk evil of a man which he would not dare to talk to his face; but that he should not flinch from giving his honest opinion freely and fully in his presence when called upon to do so."

has been in the past—and our new comers must play their part in making it so in the future—no idle boast of this place, that it is Guy's which offers better than any other hospital, whatever their advantages are, the means of becoming in the best, the widest and truest sense of the word, "practical men."

And now, we would ask leave of our new friends to impress one warning, and to answer one or two questions which have from time to time been put to us by students.

The warning that we would impress on those who to-day are joining us for the first time, is one that we think should, in ordinary justice, be much more fully put before our students than it is, and that is, that from October the first onwards the powers and regularity as a worker, of every man, his bearing and behaviour as a gentleman, will be under judgement by our teachers, who are, in this matter, the authorities in this place. As he faces his lecturers, as he works in the dissecting-room, laboratories, and wards, however he passes time—time that from our first coming here up to to-day we have found needs no killing—every man is subject to and cannot escape from such judgements.

And more than this, as part of the working of this busy hive, a written record is kept of the work each man undertakes, and how he does it. To give one instance only, from the first morning onwards the Demonstrators will take notes of how each dissection is done, and the attendance at lectures will be noted. Every few months these returns go before our Medical Council, an unseen but very important body, chosen out of the Staff, and meeting every three months to select candidates who have proved themselves most fitting for our appointments. Now it is these appointments, their number, the facilities which each gives in meeting disease face to face, and above all, the responsibility which is increasingly, as the range of appointments is ascended, allowed to each holder, that makes our Hospital and School what they are to us, the best of all in giving men facilities for practical work. This being so, our school being a large one, and the age one of keen competition, it cannot be too strongly put forward that it is by his work and bearing while about his work from his earliest days that each student will stand or fall. We have ventured to dwell on this because it is a fact not sufficiently realised at first; thus it is barely mentioned in our Prospectus. But many a man has been kept back in his later years from taking some appointment which is essential to his qualifying, many a man has failed when competing for one of our invaluable Resident or House appointments, because it was found, on referring to his written record, a silent but withal an eloquent witness, that he did not make as good a use as he might have done of *his first winter session*.

And now, having uttered our warning we will refer to two questions on which students in their first year often ask the opinion of those who have travelled a little farther on the road, "What about athletics?" "What about going into the wards and out-patient room in my first year?"

As to athletics, or healthy, manly recreation in some form or other, there is only one answer. With a few qualifications one or other is absolutely necessary. Our Hospital has immense advantages in standing, as it does, isolated in one of the busiest parts of London, but with this advantage goes the penalty that our air is very different to that of higher and healthier parts of London. Healthy exercise, used in moderation, wastes no time. A man who is nothing but a doctor is very rarely first-rate at that, and if he be thought so, one may rely upon it, he is neither a healthy nor a happy man. And there is no better way of getting exercise than by continuing to develope whatever form of athletic sport a man has already been used to; and for this our closeness to London Bridge and the thence easily reachable ground at Honor Oak Park offer great facilities. But some can do more. Many of our Residents, and a notable few of our Staff prove that it is possible to combine strenuous head work with enjoyment of athletics. Every man whose record encourages him should look forward to helping our Hospital by joining one of our many teams, and in playing his part as a man, and in helping Guy's to beat back some of our many rivals in the day of battle.

As to the question whether it is wise to try and do any hospital work in the first year or so: this question used to be much disputed, but it is now held by our wisest authorities that it should be answered in the negative for most men. After all, it is, like other questions of the kind, mainly one of individuality. Thus, if a man finds he is the better for half an hour in the afternoon after lunch or towards the close of the day's work by going into the Surgical wards, Out-patient room, or Surgery—Medicine will of course be a closed book to him—we think that he should be welcome, but any such visits should only be made with three resolves.

One, that it will not interfere with his work elsewhere; another, that he will not get into the way and light of his seniors; and, thirdly, that he will not come away without being in some way the better for it, by carrying away at least the name of some disease or the use of some splint.

We had some thoughts of adding, as becomes a senior student whose opportunities have passed away, some hints to our youngest brethren of the opportunities which this grand old Hospital of ours—truly, in itself a microcosm—offers of saving every man, busily engaged as every-day appears to be in purely professional work, from becoming a merely professional man, that is, a narrow man, and, much worse, an artificial man, a creature merely of technicalities and specialities, far and unhealthily removed from the broad truths of Nature, and from the healthy influence and lessons of human converse. We should have liked to have pointed out how a young man may avoid the engrossing influence of merely professional occupation, and what is popularly called SHOP.

How in this small world of ours, teeming with lessons of much that is upright and noble and not a little that is petty and mean and evil, a student may, if he keep his eyes open, learn that Medicine has as much to do with a knowledge of human nature and the human soul as with the virtues of cunningly mingled drugs, and the subtlety of a brilliant diagnosis. But—our Muse holds up her finger, as if to warn us that we have said enough, and to remind us that no one reads leading articles any more than anyone attends a meeting of a society before a public dinner. We will conclude—as we began—with words of hearty, earnest welcome, and sincere good wishes and goodwill.

At Guy's.

If we attempt to portray in writing the course of a typical Guy's man during his first year or two's stay at the hospital, we are met with the difficulty that what may be regarded as the normal life-history of a student at Guy's, varies greatly with the intention of himself, his parents or guardians, and on his own ability, and is dependent as well on other factors, such as the amount of time available, illness, sporting inclinations and the like, which all have a certain bearing on every medical student's course. Some men, for instance, have to get through their term as quickly as possible, without regard to the kind of qualification at the end of it, in order to take up some practice or fill some post that is reserved for them. Others cannot manage to play cricket and work at the same time; and though, as a general rule, sport ought not to be allowed to interfere with work at all, yet it is generally recognised that, with notable exceptions, the man who spends much time at athletics, cricket, etc., will take some time longer to complete his course than the man who does not, though it usually turns out in the end that he is not a bit the worse, but often the better, practical man when he does become qualified.

But neglecting these in the main, we can divide those who enter in October as full students, into College men and London men—these latter usually taking the College as well as their own peculiar exams. The 'Varsity men, unless they have done no part of their medical work at Cambridge or Oxford, correspond to the London men who are through the Inter. M.B., and go into the wards at once. Besides these, there are those students who form a distinct class by themselves, and who spend their first year working at chemistry, physics and biology for the London Pre. Sci. exam. These men do not become actual first year's men until they pay the full hospital fees, consequently, as members of the Clubs' Union (which of course they will join), some question exists as to whether they are eligible for places in the football, cricket, and athletic teams. We believe that the Inter-hospital Rugby Football Club regulations, as recently amended, allow any man attending classes or filling an appointment within five years of his date of entry to the hospital to play in cup ties. As regards the other clubs, we believe there is still some doubt as to how things really stand.

Though the actual time to be spent over the College at London courses is nominally the same, yet in practice it is found that the London man who is taking the College exams. as well, and including his Pre. Sci. year, takes some time longer to complete his course than the ordinary College man. This latter during his first winter session reads bones, dissects and works up his biology. The London man does the same, barring biology. And here we would mention that for those who are keen and find they have spare time, it seems to us a distinct advantage to get through their practical pharmacy during their first year. They will then be free from the worry of this irritating little exam. in after years. Some will say that it is a mistake for one to meddle with materia

medica before the wards are reached; but the London man *has* to do it, and we opine that it is far the best thing to have done with what we are disposed to think of, in spite of Mr. Collier's interesting and entertaining little demonstrations, as dry and rather unprofitable as compared to the rest of our hospital work.

The first summer session, the London man will occupy chiefly with organic chemistry and physiology, while the collegian works at his chemistry, preparatory to his exam. in July. After that both will take a real good holiday. And here let us impress on new men the necessity of taking advantage of the vacations during their first two years at Guy's. When they are over, holidays are as uncertain as the weather, and it will be found far better to make sure of a good thing, than to be obliged through ill-health later to give up perhaps some important appointment.

During the second winter session all will work together at anatomy and physiology to reach the second College exam. standard in the following March. A London man doing this exam. will find it to his advantage to take it in March rather than, as some are inclined to do, leave it till June, just before the Intermediate; for he will find all his time then fully occupied putting finishing touches to his chemistry and materia medica. The College man after the second will be at liberty to apply for his first ward appointment, viz., surgical ward clerk for the months of July, August and September, or possibly the three previous months if there are any vacancies, and the London man can do the same after the July Inter. M.B. exam. Perhaps, though, they may decide to try the Primary Fellowship either in the following November —and it requires a really good man to do that— or in the May of the next year. If the latter course is decided on, let no man be too modest to apply for that most valuable of appointments, —assistant demonstrator of anatomy. This appointment is far and away the best any man can hold during his first three years at Guy's. One point, though, will have to be settled by the College man if he decides to try the Fellowship, and that is, should he do surgical ward clerk first? The only answer to this query appears to be that if he be well up in his anatomy and physiology, then by all means let him do the ward appointment. If he is not, then twelve months' steady work, with reasonable holidays, with perhaps a clerkship to one of the assistant-surgeon at Out-patients, will not be found any too long for the exam.

After surgical ward clerk, which the College man will do at the end of his second year, but which the London man and those taking the Fellowship cannot undertake till well in their third year, the question comes, What next? It has always seemed to us strange that such a number of men should prefer to answer this by applying for the post of assistant-surgeon's dresser before medical ward clerk. The reason they give, as a rule, is that it is a pity to give up surgery altogether at the end of three months and change their work entirely, possibly forgetting a good deal of what they have learnt. To this we would answer, that it is far more important that a man should come on as full dresser, fully equipped for his work, and not with his surgical knowledge all rusty after six months in the medical wards. Besides, he is much more qualified to look after his beds, after doing medical ward clerk, and certainly the knowledge gained then will prevent his coming some "howlers" at Out-patients. He will not then send up to his surgeon (as the writer has seen done) a case of acute Bright with œdema of the scrotum and penis, as "? traumatic orchitis."

Well, then, this question settled, the student will be fixed up for nine months' work—six medical and three surgical. After that, he will have a vacant month before getting, as we hope he may, the appointment of full dresser. This odd month, after due consideration, we strongly advise all to spend on a holiday, rather than trying to do extern; for if he gets that post, he will have to do sixteen months' hard work on end—that is reckoning on extension dressing, which seems very common nowadays—and this is certainly more than the average man can stand, and would probably mean a break-down and a compulsory absence from Guy's for a longer or shorter period, to the general detriment of his hospital work.

Here, then, we will leave the student to shift for himself. He will long before this have formed his own opinions and have acquired his own likes and dislikes. We have carefully abstained from advising any choice of physician or surgeon to work under. What would suit one man would not suit another, and it is clearly best for each to carefully consider the matter, and then decide for himself. And, finally, be it known to all that the statements and opinions in this article are merely those of one individual, who hopes they may prove useful as raising points which might otherwise escape the consideration they undoubtedly deserve.

Some Points in the History of the Hospital and its Medical School.

THE HOSPITAL.

GUY'S HOSPITAL is approaching its two-hundredth birthday. Every Guy's man is expected to know something of the history of his hospital's long and glorious past in order that he may worthily maintain its ancient traditions. Almost all that can now be learnt about former times is faithfully recorded in the "History of Guy's Hospital,"* and in this place we can but give the barest outline of its development.

In the centre of the front quadrangle of the hospital stands the statue of a benevolent-looking old gentleman. This is our founder, Thomas Guy, around whose monument Guy's men have assembled from time immemorial on New Year's Eve to sing "Auld Lang Syne." Guy was a printer and publisher, a Member of Parliament, and a Governor of St. Thomas's Hospital, which in his time occupied the site now filled by the London Bridge Railway Stations. Grieved, it is said, by the spectacle of patients of St. Thomas's Hospital, barely convalescent from serious illnesses or accidents, discharged to make room for more urgent cases, he decided to provide an asylum to which they could be tranferred until entirely restored to health. Guy's Hospital is the outcome of this benevolent idea, which, though no longer carried out in its wards is more efficiently provided for by numerous convalescent homes along the coast and in pleasant rural districts.

Guy died on the 27th of December, 1724, and on the sixth of the following month the first 60 patients were admitted into the hospital which was built and endowed at his "sole costs and charges." So ample was the original endowment that in the first twenty years after Guy's death the governors were able to make three large and important additions to the buildings and to complete those portions of the hospital which are at present known as Guy's House or the Surgical Building, and the Clinical Wards.

About a hundred years later, William Hunt, an influential governor of the hospital, set an example which it is hoped may some day be followed by one of his successors. Impressed by the great work of charity carried out in the hospital, he determined to devote his fortune to extend its usefulness, and made his former fellow-governors his residuary legatees, whereby they became possessed of a sum of £180,000. This access of wealth enabled the governors to build the great block which dwarfs Guy's original hospital, and is now known as Hunt's House, or the Medical Building. This work was not finally completed till 1871.

Not many years after the completion of Hunt's House, the remarkable depreciation in the value of agricultural land, which has had such a serious effect on property-holders throughout the kingdom, began to be felt by Guy's Hospital. After some years of financial embarrassment, the governors became convinced that the rental of their agricultural property would not for many years, if ever, rise to its former level, and determined to appeal to the public for pecuniary support. In May, 1896, the first festival dinner in connection with the charity was held, the chair being taken by H.R.H. the Prince of Wales, who announced that he had consented to become President of the Hospital, and to take part in the movement for the re-establishment of its fortunes. This movement is now being actively promoted, and one of the wards which has been temporarily closed is in course of preparation to receive forty additional patients.

* "History of Guy's Hospital." By Wilks and Bettany. Ward, Lock, Bowden & Co. 1892.

THE MEDICAL SCHOOL.

At the time when Thomas Guy founded the hospital, medical education was a very different thing from what it is at the present day. A student, having spent three or four years as an apprentice to a medical man, entered a hospital as a pupil of one of its surgeons or physicians, and supplemented the knowledge that he had gained in general practice by watching the treatment of the patients in the wards. With an increasing number of pupils it became necessary to give systematic lectures, and such were first delivered in Guy's Hospital in 1769. This date may therefore be looked upon as that of the foundation of the medical school. Guy's did not become a complete medical school, however, till nearly sixty years later. From 1769 till 1825, St. Thomas's and Guy's hospitals provided conjointly for the education of their students, the pupils passing from one to the other to their lectures and classes, some subjects being dealt with in the older institution and others in the younger. During this period of union the course of study at the hospitals was lengthened, and there began in a small way that systematic teaching by lectures and practical classes which is such a striking feature of present-day medical education. When, therefore, the union was dissolved, and Guy's had to arrange for the complete instruction of its students, it became necessary to provide school buildings for that purpose. The first block of buildings was opened in 1826, and from that time to the present an increasing number of students and a multiplication of lectures, classes, and demonstrations, have demanded almost constant additions of laboratories, theatres, and work-rooms. The years in which the most important additions have been made are 1850, 1871, 1872, 1878, 1879, 1888, 1890, 1892, and 1897. It is interesting to note that the most recent addition to the school buildings—the new physiological department opened this year—is but the first instalment of a comprehensive scheme for rebuilding the whole medical school in a more modern and convenient style, so that it appears likely that in the future no less activity will be shown than in the past in keeping the accommodation abreast of the demands.

It is not upon its buildings but upon the scientific work done within its walls that Guy's bases its claim to a share in the making of the medical history of the world. The researches, teaching, and example of men like Astley Cooper, Bright, Addison, Gull, Wilks, Moxon, Fagge, Wooldridge, and many another less well known to fame have made the medical school of Guy's Hospital what it is. The opportunities of the student in modern days are greater than in the past and it behoves each one to do his best, be it great or small, to add to the fame of his illustrious school.

Lectures* for Sessions 1897–98.

WINTER SESSION. OCTOBER—MARCH.

†	LECTURERS.		DAYS.					
Anatomy (1st & 2nd)	Mr. Clement Lucas and Mr. Lane ...	9	—	Tu	W	Th	Fri	—
Microscopical Pathology (3rd) ...	Mr. G. B. Smith and Mr. Pakes ...	9	—	Tu	—	—	Fri	—
Pathological Classes (3rd & 4th)	Dr. Shaw and Mr. G. B. Smith ...	9.30	M	—	W	—	—	Sat
Bacteriology (Nov. & Dec.) (4th)	Dr. Washbourn and Mr. Pakes ...	9.30	—	Tu	—	Th	—	Sat
Medical Jurisprudence (January) (3rd & 4th)	Dr. Stevenson	10	—	Tu	—	Th	—	Sat
Practical Obstetrics (3rd & 4th)	Dr. Horrocks and Mr. Targett	4	—	Tu	—	—	—	—
Chemical Physiology (Jan.) (2nd)	Dr. Starling, Dr. Fawcett & Mr. Hopkins	10	—	—	—	—	Fri	—
Biology and Botany (pre. sci.)...	Mr. Beddard and Dr. Stevens	10.30	—	—	W	—	Fri	—
Chemistry (1st and pre. sci.) ...	Dr. Stevenson (October–December) ...	11	—	Tu	—	Th	—	Sat
Advanced Practical Physiology (3rd)	Dr. Starling	11.30	M	—	W	—	—	—
Practical Medicine (3rd) ...	Dr. Bryant	12	—	—	—	Th	—	—
Experimental Physics (pre. sci.)	Professor Reinold and Mr. Wade ...	12	M	—	—	—	Fri (2)	—
Practical Surgery (3rd)	Mr. Fagge	12	—	Tu	—	Th	—	—
Physiology (2nd)	Dr. Washbourn and Dr. Starling ...	10	M	—	W	—	—	Sat
Clinical Medicine (3rd & 4th) ...	The Physicians	1.15	—	—	—	—	—	Sat
Surgery (3rd) Oct. and Jan.	Mr. Howse (6 weeks)	1.30	—	Tu	—	Th	Fri	—
" " Nov. 15 and Feb. 15	Mr. Davies-Colley (6 weeks)	9.30	—	Tu	—	Th	Fri	—
Clinical Surgery (3rd & 4th) ...	The Surgeons	1.30	—	—	W	—	—	—
Elementary Biology (1st) ...	Dr. Stevens and Mr. Steward	2	M	—	—	Th	—	—
Mental Physiology (Oct. & Nov.) (3rd & 4th)	Dr. Savage and Dr. Hyslop	2	M	—	W	—	Fri	—
Morbid Anatomy (3rd & 4th) ...	Dr. Pitt and Dr. Perry	2.30	M	Tu	W	Th	Fri	Sat
Medicine (3rd) Oct. and Jan.	Dr. Pye-Smith (6 weeks)	3	M	—	W	—	Fri	—
" Nov. 15 and Feb. 15	Dr. Taylor (6 weeks)	3	M	—	W	—	Fri	—
Ophthalmic Surgery (Jan.) (4th)	Mr. Higgens	3	—	—	W	—	—	—
Public Health (Jan.) (4th) ...	Dr. Sykes	4	M	—	—	—	Fri	—
Dental Surgery and Pathology...	Mr. Newland-Pedley	4	—	—	—	Th	—	—
Metallurgy	Mr. Groves	4	M	—	—	—	—	—
Dental Anatomy & Physiology...	Mr. Maggs	4.30	—	—	W	—	—	—

SUMMER SESSION. MAY—JULY.

	LECTURERS.		DAYS.					
Midwifery (3rd)	Dr. Galabin and Dr. Horrocks ...	9	—	Tu	W	Th	—	—
Diseases of Women	Dr. Galabin	9	—	—	—	—	Fri	—
Pathology (3rd)	Dr. Pitt	9	—	—	—	—	—	Sat
Mental Diseases (3rd)	Dr. Savage	9.30	M	—	—	—	—	—
Microscopical Pathology (3rd) ...	Mr. G. B. Smith and Mr. Pakes ...	9	—	Tu	—	—	Fri	—
Bacteriology (May & June) (4th)	Dr. Washbourn	9.30	—	Tu	—	Th	—	Sat
Chemistry (1st and pre. sci.) ...	Mr. Groves	10	—	Tu	—	Th	—	Sat
Practical Chemistry	Mr. Groves, Mr. Wade and Mr. Panting	10-1	M	—	W	—	Fri	—
Practical Obstetrics (3rd) ...	Dr. Horrocks and Mr. Targett	4	—	Tu	—	—	—	—
Biology and Botany (pre. sci.) ...	Mr. Beddard and Dr. Stevens	10.30	—	—	W	—	Fri	—
Histology (1st)	Dr. Starling, Dr. Fawcett and Mr. Hopkins	2	M	—	W	—	—	—
Practical Medicine (3rd) ...	Dr. Bryant	12	—	—	—	Th	—	—
Experimental Physics (pre. sci.)	Professor Reinold and Mr. Wade ...	12	M	—	—	—	Fri (2)	—
Clinical Medicine (3rd & 4th) ...	The Assistant Physician	1.30	—	—	W	—	—	—
Clinical Surgery (3rd & 4th) ...	The Assistant Surgeons	1.30	—	—	—	—	Fri	—
Clinical Gynæcology (3rd) ...	Dr. Galabin	1.30	—	Tu	—	—	—	—
Chemical Physics (1st)	Professor Reinold	2	—	—	—	—	Fri	—
Morbid Anatomy (3rd & 4th) ...	Dr. Pitt and Dr. Perry	2.30	M	Tu	W	Th	Fri	Sat
Materia Medica (2nd)	Dr. Hale White	3	M	—	W	Th	—	—
Operative Dental Surgery ...	Mr. Badcock	11.45	—	—	—	—	—	Sat
Dental Mechanics	Mr. Wynne Rouw	4	—	Tu	—	—	—	—

* No effort has been made to include the many demonstrations or practical work.
† The numbers in this column refer to the years in which this course should be attended.

The Sciences.

ANATOMY AND THE DISSECTING ROOM.

How to begin Work.

THE first working day spent at Guy's hospital is always a memorable event. There is a feeling of strangeness, which is quite natural. We are but vaguely conscious of what is to be done, and blissfully indifferent how to set about it. The very names of the subjects we have been told to learn convey no meaning, and the school buildings, with their various class-rooms and theatres, are an unexplored country through which we travel as in a maze.

For the help of the new men, it is proposed to give such instructions as they may need in beginning the work of their first winter session at Guy's. It will be assumed that they have already decided what the general course of their study is to be, that is briefly, whether they are going in for the Preliminary Scientific examination of the London University or not. Information on these matters is readily obtained at the medical school office, and any student who is not clear in his mind as to the examination he has to prepare for should read carefully page 64 in the green book.

After the first few days men soon become familiar with the work, and learn from one another. But at first they have made no acquaintances, and all around them are strangers alike.

Monday, October 4th.—There is no actual work done on this day, but each student should pay his guinea for material in the medical school office, and take the receipt across to the dissecting-room and present it to the demonstrators. He should then study the red book — which contains the rules of the dissecting-room—and purchase some instruments and the other paraphernalia therein indicated. Any spare time is well spent in learning where the museums, class-rooms, and theatres are situated. The ground plan at the front of the green book will show them at a glance, and serve as a very efficient guide.

Tuesday, October 5th.—At 9 o'clock in the morning the start is made, and we get our first introduction to the duties of hospital life at a lecture in the anatomical theatre, and at one o'clock a demonstration is given in the small theatre attached to the dissecting-room, both of which every new student is expected to attend.

To find a "part."

Look down the list of names on white cards which are suspended upon the wall of the dissecting-room opposite each subject or body. Be careful to take the proper side (right or left) which is allotted to you. If you fail to find your name on these cards, make yourself known and report the fact to one of the demonstrators present, who may be recognised by his white coat. The next thing is to obtain a bandage and cloth from the attendant (Hancock), who will be found in a room outside the dissecting-room. With these the "part" must be covered up at once to prevent the skin from drying. If the "part" is a limb, bandage it firmly from the hand or foot upwards as far as the bandage will go, and cover the remainder with a cloth, *but be careful to leave the metal ticket exposed to view.*

The Requisites for Dissection.

The following articles are essential, and must be purchased at once:—

a. Case of instruments. This should contain at least four knives, forceps, scissors, hooks, needle and blowpipe. Price 15s. to 18s., at Messrs. Down Bros., of St. Thomas's Street; or at Messrs. Hills & Co., of Newcomen Street.

b. Books. These are obtainable at Grattan's in the Borough, next door to the post office. It is advisable to obtain either *Ellis's Demonstrations of Anatomy* (9s. 6d.), or, better, the more expensive *Cunningham's Practical Anatomy* (2 vols. 9s. 6d. each) for use in the dissecting-room, which show how to proceed and what is met with in the course of dissection; *and* one at least of the standard text-books, viz., Gray, Morris, or Quain. The inquirer will hear their merits compared at the introductory lecture and demonstration; if still in doubt he should consult personally one of the demonstrators, and take with him any old text-book he may possess for inspection and advice as to its use.

c. An apron and sleeves for the sake of protection and cleanliness. These are sold by Hancock. Any old coat may be worn under them. Instruments, books, apron and coat must be safely put away in a locker provided for the purpose; the key is obtained by making a deposit of 5s. at the medical school office. During the day hats and coats are kept at a special cloak-room near the dissecting-room.

d. A disarticulated skull and a half skeleton. (*See below.*)

How to Dissect.

The instructions given on this point in the text-books are by no means clear to one who has never done any dissecting in his life, and who does not know the meaning of half the scientific words in which the directions are given. He finds quite a new language in use, and no translation of it in the margin. Thus, he is told to "make an incision," instead of "cut"; to "reflect the integument," for "turn back the skin"; "anterior and posterior," instead of "in front and behind." Not a little of the difficulty and dulness attaching to anatomical descriptions depends on the need of a mental translation of the language in which they are written.

To deal fully with the skilful art of dissection is unnecessary here, and we will merely give such short directions as are needful for the work of the first two or three days. The objects of dissection are—firstly, to educate the sense of touch, and to teach the hand and the eye to work together in delicate manipulation; and secondly, to enable the student to see and handle the different structures that he reads about in his books. It is most decidedly not the object of dissection to lay bare the bone in the middle of the "part" in the shortest possible time. That is butchery, not dissection. The following advice, then, may be given.

1. Cut through the skin along the lines given in the books.

2. Turn back *the skin only*, leaving the fat upon the body. This is done by holding the knife obliquely with its edge towards the skin.

3. Take away the fat carefully without damaging the dense white layer which covers the muscles.

4. Clean the surface of the muscle. To do this make the muscle taut by moving the limb, or pulling on it with hooks; then with the point of the knife clear away everything covering the muscle by working *with* its grain or fibre, *not* across the fibres.

5. Before taking any fresh step in your own dissection get a notion of the arrangement of the parts you are going to expose, either from another man's part, or from the wax model museum preparations.

6. Work very slowly at first. To turn back the skin carefully is quite enough to occupy the first day's work-time.

7. Cover the "part" up with a cloth before leaving it for the night.

The red book containing the rules of the dissecting-room will be found to contain a lot of useful information, which we give in full below, and should be read with care, and then kept always at hand.

OSTEOLOGY.

Usually considered a very dry subject; hence commonly studied in a stuffy museum after a heavy lunch with—the usual result. Like other branches of anatomy, it must be learnt practically, by handling the bone, reading the description of it, and noting the various marks upon it, each one of which has its meaning. In order that the bones may be studied at home as well as at the hospital, it is very important that each student should possess them. Half-sets of osteology, that is, the bones of one side of the body with the spine and head, can be obtained second-hand at a very moderate outlay, and if carefully used they will at the end of the course readily fetch half the original cost, or even more. Some very useful half-sets (second-hand) are to be seen at Messrs. Millikin & Lawley's, 165, Strand, W.C., price 30s. If these are disposed of at the end of the second Conjoint examination for half the price, it follows that the immense advantage of having the bones always at hand while preparing for the examinations is obtainable at the expense of a few shillings.

In selecting a half-set of osteology it is well to have the guidance of a fellow-student who is familiar with them. See that the half-set is complete, and that each bone is of the *same* side. Avoid "the nice white bones," which dealers always charge extra for, and choose the rougher, better marked and dirtier ones. The preparation which makes them white, does away with many of the marks and ridges which have to be studied. With regard to the disarticulated skulls, try the separate bones and see whether they fit into each other properly, as it is not uncommon to find skulls offered for sale, the bones of which have come from different subjects, and hence cannot be articulated.

It may be necessary now that the "Bone" examination has been done away with at the College, to caution men against neglecting the subject during their first year. They will find the second year's work quite heavy enough as it is, and moreover may suffer the mortification of being spun in the Hospital Bone examination at the end of the first winter session, if they neglect the bones in their first month's work.

RULES OF THE DISSECTING-ROOM.

1. All first and second year's Students, and all those senior to the second year, who have not passed the Second Conjoint Examination, are expected to attend in the Dissecting-room on the first day of the Winter Session, between the hours of 1 and 4 p.m., or on the second day between the hours of 10 a.m. and 12 noon. Each Student must bring with him a voucher indicating that he has paid the special fee for material, which voucher must be handed to the Demonstrator in order that the student's name may be enrolled in the appropriate class list.

2. The fee for material (which should be paid in the Medical School Office on or before the first day of the Winter Session, between the hours of 10 a.m. and 1 p.m.) is—

For each academic year:—

First Year's Students	
Second Year's Students...	
*Students Senior to the Second Year but not yet through the Second Conjoint Examination	25/-
Students who have passed the Second Conjoint Examination and are now reading for the First F.R.C.S. or Int. M.B. ...	
Students going up for the L.D.S. Examination only	10/6
Students who enter during May (fee for the Summer Session only)	

3. The Senior Demonstrator (Mr. Fripp) will meet the first year's Students on the second day of the Session at 1 p.m., and give them a demonstration to initiate them into the work of the Dissecting-room. Immediately after this demonstration parts will be allotted to Students.

4. On the following day the Bone Classes, which are held by Mr. Steward and Mr. Handley, begin. Every Student is advised to purchase a half skeleton and to bring to the class the bone or bones which will form the subject of the demonstration. Regular attendance at these classes is compulsory until a Student has passed in Elementary Anatomy. A Student attending the class that is studying (A), (B), or (C), in Rule 8, will be allotted a part corresponding with the work of the class.

5. The Senior Demonstrator will meet the second year's Students on the third day of the Session. The Second Conjoint Class demonstrations given by Mr. Steward and Mr. Handley begin early in the following week.

*This Fee must be paid by every such Student whether it is his intention to dissect or not.

6. No Student shall be enrolled in the Second Conjoint list or allowed to begin dissecting as a second year's Student until he has passed in Elementary Anatomy and in Biology and Chemistry at the First Conjoint Examination.

7. The notice-boards in the Dissecting-room should be examined daily throughout the Session. Here will be found class lists, notices of allotment of parts, announcements of vacancies for prosectors, arrangements for examinations, etc., and notices of alterations in standing arrangements. Every Student's name should appear in one of these class lists, and any Student failing to find his name should at once inform one of the Demonstrators.

8. A written examination is held just before the Christmas Vacation. Every first year's Student is required to attend and to answer the questions on one of the following groups:—

(A) The bones and ligaments of the head, and the bones, ligaments and muscles of the upper extremity; or

(B) The bones and ligaments of the spinal column and thorax, and pelvis, and the bones, ligaments and muscles of the lower extremity; or

(C) *(if he is taking the L.D.S. only)* The bones and muscles of the head, and the temporo-maxillary, and occipito-atlanto-oxoid joints.

Every second year's Student is required to attend and to answer questions on—

The muscles, tendons, bones and ligaments of the whole body; and one of the following groups—

(α) The entire anatomy of the upper extremity and of the head and neck, including the brain and spinal cord; or

(β) The entire anatomy of the lower extremity and of the abdomen, pelvis and thorax; or

(γ) *(if he is taking the L.D.S. only)* The entire anatomy of the head and neck, excluding the brain.

9. A written Examination is held at the end of March. Every first year's Student (except L.D.S.) is required to attend and to answer questions on the muscles, bones and ligaments of the entire subject. Every second year's Student is required to attend and to answer questions on the anatomy of the entire subject.

10. The dissection of all parts allotted in October and November must be completed before Christmas, and on the second day after the recess new parts will be allotted, priority being given as far as possible to those Students who showed themselves most painstaking in their previous work. A first year's Student who, before Christmas, studied sub-division (A) in Rule 8, will now study sub-division (B); but in addition every Student should, in this his second part try to master as much as possible of the vessels, nerves, etc.

11. The Senior Demonstrator holds classes throughout the Winter and Summer Sessions for (i.) Students preparing for the First F.R.C.S. and M.B. Examinations of the various Universities; (ii.) Students who, though they have completed their second year, have not yet passed the Second Conjoint Examination.

12. Every Student is advised to carry with him when in the Dissecting-room and Demonstration Theatre a pocket note-book and a set of coloured chalks.

13. Every week the dissections are examined systematically by the Demonstrators, and marks are allotted. The record thus kept of each Student's diligence in the Dissecting-room is taken into account in subsequently recommending to appointments in the wards.

14. A test examination is held about three weeks before each Second Conjoint Examination. Attendance at this examination is compulsory on all those who wish to present themselves for the Conjoint Examination.

15. During the first Summer Session, a Student who entered in October, and has passed the Elementary Anatomy and the Biology of the First Conjoint Examination, should learn the anatomy of the brain, the spinal cord, the heart, the lungs, the larynx and the liver. Demonstrations on these subjects are given in the Demonstrating Theatre at least once a week during the Summer Session.

16. Particulars of the examinations for the Michael Harris, Arthur Durham and Hilton Prizes, and for the Prizes for General Proficiency will be found in the Prospectus of the Medical School, which may be obtained in the Medical School Office.

17. About twelve Prosectors to the Lecturers on Anatomy are appointed annually (and from time to time a Prosector to the Royal College of Surgeons of England) from among those Students who have shown themselves most diligent in the Dissecting-room. Notices inviting applications for these appointments are posted in the Dissecting-room.

18. The metal ticket attached to each part must on no account be allowed to come off nor to be covered up by the bandage that each Student should apply to his part (if a limb); neglect of this rule renders the part liable to be forfeited. Apron and sleeves (2s. 6d.), bandages, cloths, air-pump, ointment, carbolic lotion, etc., can be obtained from the Dissecting-room porter.

19. No muscle, tendon, nerve, artery, or large vein, should be cut through, if by hooking it aside it is possible to reach and clean the parts lying on its deep surface.

20. No limb must be removed from the trunk except by one of the Demonstrators or Assistant Demonstrators, nor in any circumstances must any part of a subject be removed from the Dissecting-room.

21. Except when the Student responsible for a part is actually at work upon it, each part must rest constantly on the table of the subject to which it belongs. Neglect of this rule renders the part liable to be forfeited. When a Student considers he has finished the part, he must report the fact to one of the Demonstrators.

22. The subject is divided into five parts on each side:—

1. The Head and Neck.
2. Upper Extremity and Muscles connecting it with the Trunk.
3. Abdomen, with the Perinæum and interior of the Pelvis.
4. Lower Extremity.
5. The Thorax and Spinal Column; the dissection of which is not to commence until the fourteenth working day.

23. Students are not permitted to exchange or dispose of their parts, either before or after the commencement of dissection.

24. Any part, the dissection of which has not been begun within twenty-four hours from the time when the body is placed in the Dissecting-room, is liable to forfeiture. If a Student is unable to continue the dissection of the part which he has already begun, he must give notice *in writing* to one of the Demonstrators, who will make arrangements for its disposal. The Demonstrators will also dispose of any part, the dissection of which has been discontinued without their sanction for more than two working days.

25. The subject when brought in will be placed in the supine position, and will so remain during nine working days. On the tenth day a majority of the Students engaged upon it, and on the fourteenth day any one of them, may have it turned into the prone position. Five days later it may, if the majority so desire, be turned back again; and after six days in the prone position any one of the Dissectors may have it turned back. The time for the dissection of the perinæum is before 11 a.m. on the first ten days, and neither for this purpose nor for any other must the subject be turned out of the position indicated in this rule.

26. The Dissecting-room is open from 9 a.m. till 4.30 p.m., except on Saturdays, when it is closed at 2 p.m.

27. On applying at the Medical Office a locker may be obtained for a deposit of Five Shillings (which will be returned when the key is given up, provided that the locker is uninjured).

N.B.—The Anatomy part of the First Conjoint Examination has now ceased to be held at the Royal College of Surgeons, and its place is taken by an examination held at the Hospital in two parts—one just before the Christmas and the other just before the Easter recess.—*Vide* Rules 8 and 9.

DENTAL STUDENTS.

During their first winter session dental students are expected to dissect the head and neck and to study the bones and muscles of the head with the temporo-maxillary and cervical articulations upon which they are examined at Christmas. In addition, they should become acquainted with the main vessels, nerves, and special structures of these regions.

A dental student, on entry, must pay the fee for material at the medical school office, on October 1st, between 10 a.m. and 1 p.m., so that a part may be allotted to him at the earliest opportunity. He should obtain a copy of the rules of the dissecting-room, and study those paragraphs which specially concern him. He should be careful not to miss the demonstration given by Mr. Fripp to first year students, on Tuesday, October 5th, at 1 p.m.

Special bone classes are held for dental men, commencing early in November, the times of which will be duly announced on the notice-board in the dissecting-room.

It is very essential that the study of anatomy, physiology, and surgery should be prosecuted energetically from the outset: thus obviating the necessity for "cramming" these subjects when preparing for the final L.D.S. examination.

PHYSIOLOGY.

Physiology, which treats of the workings of the healthy body, and forms, therefore, the institutes of medicine and the necessary foundation of any rational mode of treatment of the body in disease, differs from its sister subject, Anatomy, in that it requires much greater intellectual effort for its acquisition, and a more thorough preliminary training for the comprehension of its doctrines. Physiology, in effect, consists in the application of the natural laws elicited by the researches of physicists and chemists to the explanation and description of the phenomena occurring in the living body, so that an acquaintance with the chief laws of physics and chemistry forms the necessary basis for the study of physiology. The difficulty and importance of this subject would seem to indicate, in the clearest possible manner, the necessity of pursuing its study throughout the short space of two years, which is devoted to the subjects that are preliminary to the work in the wards. Nevertheless, in consequence of the inept regulations of the bodies which govern the medical curriculum, six months of this precious time is wasted in acquiring a worthless smattering of something dignified by the title of biology. On this account, the student beginning his medical studies in October must give all his energies to getting up his biology in order to pass in it at the earliest possible opportunity, although he may profitably combine with the biology lectures and classes the reading of some elementary work on physiology, such as Huxley's *Elementary Physiology*, or the smaller work on the same subject by Foster and Shore. He is not advised to attend the physiology lectures at this time, and will not be signed up for them.

By the ordinary student the study of the subjects included under the heading physiology is begun in the first summer session. During the whole of this session he must attend the classes in Practical Histology. These are held in the students' histological class-room three times a week; each class lasts two hours, the first half-hour being taken up by a short lecture, in

which the tissues to be studied in the following practical work are described. This lecture will be held in the physiological theatre. Students attending this course must provide themselves with a compound microscope,* certain mounting materials (a list of which can be obtained at the office), and with Schäfer's *Essentials of Histology*, which should be carefully studied in the intervals between the classes. The microscope must have two objectives, a $\frac{2}{3}$-inch and a $\frac{1}{6}$-inch, a nose-piece and an indicator fitted to one of the two eye-pieces. The following makers are recommended: Crouch, Zeiss, Ross, Leitz (English agent, Kanthack), Swift. From any of these latter firms a good microscope, with all necessary accessories, can be obtained for about £7; the microscope from inferior makers is worse than useless, and it is essential that the student should buy an instrument which will be of some use to him in future years, when as a practitioner of medicine he desires to examine tumours, urinary sediments, sputum, etc., for purposes of diagnosis.

At the end of the summer session an examination, written and practical, is held in histology. All students who have attended this class must enter for the examination. Only those who pass the examination will be allowed to attend the tutorial classes in physiology held during the second winter session in preparation for the examinations of the Conjoint Board. Those who fail at this examination will be allowed to enter for a similar examination at the following Christmas, but will not be able to present themselves for the second Conjoint under six months from the time at which they passed this examination.

During the second winter session the student must attend regularly the lectures on physiology held three times a week, on Mondays, Wednesdays and Saturdays at 10 a.m. During the same time those who have passed the histology examination at the end of the previous session must attend the tutorial classes held by one of the demonstrators throughout the session. At the same time he must read up the subjects in some elementary text-book, such as Starling's *Elements of Human Physiology*, or Waller's *Text-book of Physiology*.

During the second half of the winter session, *i.e.*, from January to March, students must attend the class in practical chemical physiology, which is held once a week in the physiological chemical class-room. While attending this class, they are recommended to read up the subject in Halliburton's *Essentials of Chemical Physiology*, which is also used as the guide in the practical work.

Students who have been diligent in following this course of studies, will be ready to enter for the second Conjoint examination at the end of this session. Shortly before this examination, a test examination is held by the demonstrators in order to judge of the fitness of the candidates. Those who fail to pass the second Conjoint at this time must attend the revision classes held by the demonstrators during the two or three months preceding the July and January examinations of the Conjoint Board.

Certain modifications in this course of studies is necessary for those who are going up for the M.B. of London or other Universities. Having passed their preliminary scientific before entering, they are free of the incubus of biology during their first winter session. They should therefore attend the physiological lectures during this session, at the same time studying the subject in Starling's *Physiology*. In their first summer they attend the histology classes, but should supplement Schäfer's *Essentials of Histology* by reading the fuller accounts of the subject contained in Quain's *Anatomy*. During their second winter, they should attend the class in advanced practical physiology which is held twice a week, each lesson occupying between two and three hours. During this session, they are recommended to read up the subject in Waller's *Physiology* and Bunge's *Physiological Chemistry*, using Halliburton's *Essentials* as the guide in the chemical part of the advanced practical physiology. This class should also be attended by candidates for the first F.R.C.S. examination, although in their case attendance may often be profitably postponed until the third winter session. The reading for this examination is similar to that required for the Intermediate M.B. of London.

Those who are desirous of obtaining honours at the Intermediate M.B. should supplement the course of reading already indicated with original papers in the *Journal of Physiology* and with parts of Gamgee's *Physiological Chemistry*. Such students will also find Stewart's *Manual of Physiology* and parts of Foster's *Physiology* extremely useful and suggestive.

Division classes are held by the demonstrators during the two months preceding the first F.R.C.S. and first M.B. examinations for the special preparation of candidates for these examinations.

List of books recommended:—

FOR COLLEGE MEN.—Schäfer's Essentials of Histology; Starling's Elements of Human Physiology; Halliburton's Essentials of Chemical Physiology.

FOR LONDON MEN.—Waller's Text-book of Human Physiology; Bunge's Lectures on Physiological Chemistry; Histological and Embryological parts of Quain's Anatomy.

E. H. S.

*The demonstrators will be very pleased to advise any student in the purchase of a microscope. It must be distinctly understood that antiquated instruments, such as those sometimes handed down as an heirloom in a family of doctors, are absolutely useless.

BIOLOGY.

The course of lectures and demonstrations for the requirements of students preparing for the first Conjoint examination, is given in the long room, class room No. 2, at 2 p.m., Mondays and Thursdays. The practical class will be held immediately after the lecture, and the new student is reminded that it is most important for him to attend both lecture and practical class from the *very first*, to obtain the knowledge in biology requisite

for the Conjoint examination. The very closest attention to his work, more especially *in the practical part*, is necessary if the pupil would become familiar with a subject which, seemingly not of much value to him now, will be of no inconsiderable assistance in later work, particularly in the domain of morbid histology and bacteriology.

The first lecture will be given by Dr. Stevens, in the long room, class room No. 2, on *Monday, October 4th.* For the practical class, the requisites, of which a complete list is given below, must be obtained *beforehand.* We recommend new men, with reference to the purchase of a microscope—perhaps the most important consideration in entering these classes—that it should be deferred until one of the demonstrators has been consulted. We may state that microscopes are not absolutely necessary for the early classes, so that the purchase of one may be safely withheld until full instructions have been received from the demonstrators.

The special course of lectures and demonstrations devoted to the Preliminary Scientific examination of London are held on Wednesdays and Fridays at 10.30 a.m. The first lecture will be given by Mr. Beddard on Wednesday, October 6th, in the biological class-room, No. 4, on the first floor of the pathological museum block of buildings. "Pre. Sci." men will require the set of requisites that are notified below.

With regard to this list, we have already referred to the "microscope." In purchasing a "dissecting case," students must understand that an ordinary (human) anatomical set is *all* that is required. The special "biological" set is by no means necessary for the elementary work required at Guy's, and is, therefore, a needless expense. The other accessories are to be obtained of Stanley, Railway Approach, price 20s.

REQUISITES FOR THE PRACTICAL BIOLOGY CLASS.

Every student attending these classes must provide himself with a microscope with a double nose-piece, and indicator fitted in eye-piece. Zeiss's stand vi., in mahogany case, with objectives A and D, and eye-pieces 2 and 4, and nose-piece, price £8 15s., is very strongly recommended. Illuminators are 22s. extra. It is to be obtained of R. Kanthack, 21, Golden Square, Regent Street, W., Baker, High Holborn, or of Stanley, London Bridge. English patterns may be obtained of Messrs. Crouch, Ross or Swift. It will be necessary also to have a stoppered bottle (with glass rod) containing Canada Balsam, dissolved in xylol; a stoppered bottle containing xylol; three small white saucers with flat bottoms; three watch-glasses ground on convex surface; two section lifters; three needles in handles; a pair of microscope scissors (curved on the flat); ½-oz. No. 1 ¾-inch cover glasses; a gross of glass slides; a packet of labels; a small piece of soft silk; fine curved forceps; a "Seeker"; an anatomical dissecting case; a razor for cutting sections.

CHEMISTRY AND PHYSICS.

It is impossible to acquire a knowledge of chemistry or physics without personal and practical contact, and Guy's men have, in the new laboratories, unusual facilities for this purpose.

Conjoint men entering now should pass in chemistry and physics next July. They should, therefore, attend Dr. Stevenson's lectures in chemistry from October to Christmas, and Mr. Groves' from May to July, and, concurrently with the latter, Prof. Reinold's lectures in physics. They must be prepared to devote a large amount of time to laboratory work. From May to July the practical classes are held on three mornings a week (Messrs. Groves, Wade and Panting), but students are advised to work also at intermediate times. Revision classes are held before the July examination, and special courses for referred students before those in January and April. Conjoint students are not required to study chemistry or physics after passing the first examination, unless they wish to take the diploma in Public Health, in which case they work for three months at water and gas analysis, etc., in the public health laboratory (Mr. Pakes).

Dental students are required to work for three months at practical chemistry (Mr. Wade, January to March), and to attend the same lectures as the Conjoint men.

Special courses have been arranged for most of the University examinations. Candidates for the Preliminary Scientific (M.B.) examination of the London University attend the same chemistry lectures as the Conjoint men, but the physics lectures are specially arranged (Prof. Reinold, Monday at 12; Friday at 2). The class meets for work twice weekly in the chemical laboratory (Mr. Wade: Winter, Monday and Thursday, 2 till 4; Summer, Tuesday and Friday, 2 till 4), and twice weekly in the No. 1 physical laboratory (Mr. Wade: Winter, Tuesday, 2 till 4, Friday, 3 till 4; Summer, Monday and Thursday, 2 till 4), but students are expected to spend all their spare time in one or other of the laboratories. It cannot be too strongly urged that reading without laboratory work is mere waste of time. Tutorial classes are held weekly in both chemistry and physics, and are supplemented by revision classes (Mr. Wade) during the term preceding each examination. Students intending to work for honours in either subject should consult the demonstrator. Pre. Sci. candidates are reminded that a new and extended syllabus, both for Honours and for Pass, comes into operation after next July.

Intermediate M.B. men who have just passed the Preliminary Scientific examination should begin to work at organic chemistry not later than next May. Their attention is drawn to the recent radical alterations in the syllabus after next July, and especially to the fact that the practical examination will include preparations. The practical class meets twice a week in the laboratory throughout the year, and is supplemented by lectures (October–December, Mr. Wade; May–July, Mr. Groves), and revision classes (Mr. Wade). Students intending to present themselves next July should have worked through

three courses by that time, those who attended the course last summer, for instance, requiring to work for three months this winter and three months next summer. Candidates for honours next July should resume laboratory work at once. A course of advanced lectures for Honours men will be given by Mr. Wade during the latter part of the winter session and in the summer session.

Oxford, Cambridge or Durham students desiring to work at chemistry should communicate with the demonstrators.

The practical knowledge of toxicology required at the degree examinations of the London and other Universities may be obtained at classes held by Dr. Stevenson and Mr. Hopkins during the latter part of the winter and the summer sessions. W.

PRACTICAL PHARMACY. MATERIA MEDICA.

These subjects are taught in the practical pharmacy class at the hospital dispensary, by Mr. Collier. This course meets the requirements of students preparing for the Conjoint examination in practical pharmacy, and the intermediate M.B. Lond. The study of the names, physical characters, and chemical properties of substances used in medicine, and preparations made from them, and the doses in which they may be given, requires some considerable amount of application and exercise of memory. The instruction given in the class is therefore very practical, and every assistance is given to the student by demonstrations, access to materia medica specimens, and *viva voce* examinations, in acquiring a sound knowledge of materia medica. The art of dispensing, the writing of prescriptions, and the methods of prescribing drugs, form also part of the instruction given in the practical pharmacy class. During the year there are three courses of three months each, so that the student can enter at the time most convenient to him.

PHARMACY, PHARMACOLOGY AND THERAPEUTICS.

Lectures are given during the summer session in the anatomical theatre, by Dr. Hale White. This course is intended to meet the requirements of students preparing for the third Conjoint examination in pharmacology and therapeutics, for the intermediate M.B. and final M.B. Lond., and the third M.B. Cambridge. C.

MEDICINE.

Medicine lectures are held on Mondays, Wednesdays and Fridays, at 3 p.m., in the anatomical theatre throughout the winter session, by Dr. Pye-Smith and Dr. Taylor. The introductory lecture will be given by Dr. Pye-Smith, on Friday, October 8th, who will then proceed to discuss "Fever, Contagion, and Specific Diseases."

A clinical lecture is delivered every Saturday, at 1.15 p.m., in the chemical theatre, the first of which will probably be given by Dr. Hale-White, on Saturday, October 9th. These lectures are held at 1.15, so as to enable footballers to attend, and they finish in time for them to catch the 2.35 train to Honor Oak Park.

In addition to the above course, Dr. Shaw holds revision classes for six weeks before the final Conjoint examinations in January, April, and July, for the benefit of students desirous of presenting themselves for the final examination in Medicine.

THE MEDICAL WARDS.

Clinical instruction in medicine is given in the medical wards to the medical ward clerks and other students who choose to be present, by the physicians, who visit their cases from 2 to 5 p.m., and by the medical registrar in the mornings from 10 a.m. to 1 p.m. There are two male wards, Philip and Stephen, each containing forty beds, and one female ward, Mary, containing fifty beds and six cots. The latter is divided into four divisions, each physician taking one division. Dr. Pye-Smith and Dr. Goodhart divide the beds in Philip ward between them, and Dr. Taylor and Dr. Hale White, those in Stephen ward. On Mondays and Thursdays the wards are visited in the afternoon by all the physicians; on Tuesdays by Dr. Goodhart and Dr. Hale White; on Fridays by Dr. Taylor, Dr. Goodhart and Dr. Hale White, and on Saturdays by Dr. Pye-Smith. The medical registrar sees new cases in all the wards on Monday and Thursday mornings; on Tuesday, Dr. Taylor's cases; on Wednesday, Dr. Goodhart's; on Friday, Dr. Pye-Smith's, and on Saturday, Dr. Hale White's. Thirty-six medical ward clerks are appointed every three months, and are eligible for re-appointment at the end of this time for a further period of three months, the extension being given to those who have shown the most care and diligence in the discharge of their duties.

1. *Case-taking.*—Reports are made by the medical ward clerks on all the cases admitted to the wards, under the supervision of the medical registrar, who instructs the clerks in the mornings, in the method of case-taking, and the physical examination of patients. Special report sheets are kept for this purpose in the wards; on the front page, spaces for the name, age, occupation, address of patient, ward, number of bed, physician, date and references to former admissions, if any, must be filled in; the report itself must be then started on the next page, by recording the most prominent symptoms for which the patient was admitted, *e.g.*, "The patient was admitted for hæmoptysis, ascites, vomiting," or as the case may be. If the patient has been an in-patient before, the old report must be looked up in the registrar's room, which is in the new building, on the right-hand side of the stairs leading to the medical wards, the key of this room being hung up behind the door of the Eye wards opposite. Since the year 1888, an index of all the patient's names has been made a separate volume for each year, and they will be found in this room on the table. Having found the patient's name, a letter and a number will be found after it; the former is the initial letter of the physician,

the latter the number of the report in that physician's volume of reports for that year, *e.g.*: if a patient had been in the medical wards in 1890, and the name is found in the index with P.S. 100, after it, it would mean that he was under Dr. Pye-Smith, and his report would be number 100 in Dr. Pye-Smith's volume of reports for 1890. The clinical reports for the year are all bound together, and the letter C refers to the clinical volume. If the patient has been in the hospital before, during the current year, his report can be obtained by applying to the medical registrar. If he comes under the same physician the report must be continued; if under a different physician, an extract must be made and a new report commenced. Before the year 1888 an index of names will be found at the commencement of each volume.

The old report having been found, an extract must be made, and the diagnosis then arrived at inserted in the new report. The condition of the patient since his last discharge from the hospital must then be noted; then the commencement of the present illness, with the symptoms and the date (not the name of the day only) of their onset, and the treatment before admission. Supposing there had been no previous admission, after stating the leading symptoms for which the patient was admitted, a description of his previous manner of life, occupation, travels, etc., must be noted; then his family history, especially in diseases of the nervous system, gout, rheumatism, phthisis, etc.; then a history of previous illnesses, with dates, and then of his present illness, as above described; and lastly, the condition on admission. This last-mentioned is the most important, and should be done as soon as possible. If the clerk has not seen the case on admission, the necessary details may be obtained from the house-physician. The condition on admission should be commenced by noting the pulse and respiration rate, and the temperature, and general appearance of the patient; this should be followed by a description of the system primarily affected, then the system most likely to be affected by complications, *e.g.*, in a case of acute rheumatism first describe the articular, then the circulatory, respiratory, cutaneous, alimentary and nervous systems. When describing physical signs the results of the examination should be arranged as far as possible under the headings Inspection, Palpation, Percussion and Auscultation, and it should always be remembered to use the eyes before the hands, and the hands before the stethoscope. In acute cases a daily record of the physical signs, symptoms, and the general condition of the patient must be kept. In renal cases a daily examination of the urine must be made and the result noted on charts provided for this purpose. In all cases the treatment written on the bed-letters must be copied into the reports. Observations made by the physicians on their rounds should be reported, great care being taken not to misinterpret them.

When the patient leaves the hospital a description of his condition on the day of discharge must be noted, and the report concluded with a short epitome of the leading features of the case. If the patient dies, an abstract of the post-mortem report, which can be obtained in the post-mortem room, must be inserted. When the report is completed, it must be taken to the medical registrar's room.

2. *Temperatures.*—The temperature of the patients must be taken and noted every morning by their respective clerks. Evening temperatures are taken by the clerks in turn; the dates of this duty will be found on the notice-board in the central hall of Mary ward. The temperatures to be taken will be put on a card hanging on the wall in each division.

3. *Classes.*—On Thursdays, classes are held for all the medical ward clerks at 12 o'clock, in the surgical class room, on the application of anatomy to medicine, the methods of medical diagnosis, and the explanation and interpretation of physical signs. On Mondays, at 12.15, classes are held in the clinical laboratory for Dr. Goodhart's and Dr. Hale White's clerks; and on Tuesdays, at 2 o'clock, for Dr. Taylor's and Dr. Pye-Smith's clerks, when practical demonstrations on the examination of urine, blood, sputum, etc., and on the use of the various instruments required for clinical investigations are given by the medical registrar.

4. *Beds.*—The arrangement of beds will be found on the notice-board in Mary ward.

5. *The Clinical Laboratory* (door opposite the lift in the new building), is open to medical ward clerks between 10 and 1, for any special clinical investigation and for the examination of sputum. The key can be obtained from the medical registrar, to whom also application for any special apparatus or reagents must be made.

6. *Medical instruments.*—Instruments for clinical investigations — hæmocytometer, hæmoglobinometer, perimeter, spectroscope—are under the charge of the medical registrar, and can be obtained from him on application.

7. Four clinical assistants are appointed every three months, commencing February, May, August and November, from those students who have already held the appointment of medical ward clerk. It is their duty to aid the junior ward clerks in the preparation of their reports, to assist the registrar, and to carry out and superintend clinical investigations required by the physicians.

A few practical hints:—Medical ward clerks should, first of all, make themselves familiar with the normal physical signs, *e.g.*, the normal shape of the chest, the normal vesicular murmur, the normal cardiac sounds, etc., and then with the physical signs of disease, their mode of production and their special import. It will be found useful, first of all, to read a book on physical diagnosis, such as Fenwick's *Medical Diagnosis*, or Gibson and Russel's *Outlines of Physical Diagnosis*.

As a text-book Taylor's *Medicine* cannot be improved upon. Do not start at the first page and read straight through, but read up and endeavour to understand your own cases. When this has been done, use your colleague's

cases in the same manner. *Do not be rough with your patients; percuss and palpate gently. Do not sit up a patient suffering from typhoid to examine his back. Do not percuss the chest of a patient suffering from hæmoptysis. Do not test the knee-jerks of a patient suffering from acute rheumatism; and if you sit on his bed, look before you sit. Do not discuss with your colleagues in the patient's hearing the prognosis of the case if it be serious, or the probable post-mortem appearances of his organs. If possible, imagine yourself in your patient's position, and then you will treat him with consideration.* M. R.

PATHOLOGY.

The large number of courses of instruction in pathology given in the school leads to some uncertainty in the student's mind as to the order and period of the curriculum in which they should be taken. Pathology is one of the few good things of which it is impossible to have too much, and probably the best advice that can be given to a student who has passed his second Conjoint or Intermediate M.B. is to take the instruction in pathology which is offered to him as early and often as possible Most of the instruction in pathology is given in the early morning so that it shall clash as little as possible with work in the wards, and it is rarely advisable to postpone attending a course till the time arrives, which many seem to expect but fortunately seldom reach, when ward duties shall be less exacting than they are at first. A man who leaves the dissecting-room in April should begin to attend Dr. Pitt's systematic lectures on pathology in the following summer session (Anatomical theatre, Saturdays, at 9) where he will be introduced to the great principles underlying pathological processes, and will learn something of the theories of disease, which will enable him to understand the facts revealed to him in the post-mortem room. He should remember that this course of lectures is not completed in one year, and that if he attends the lectures for three consecutive years he will each time hear different subjects treated of. If it is in the summer session that a student is released from his anatomical studies, he should begin to learn pathology at the winter demonstrations (Dr. Shaw and Mr. Bellingham Smith, Monday, Wednesday and Saturday, 9.30, in class-room No. 2). Here he will be introduced to the treasures of the pathological museum. Selected specimens will be brought from the shelves of the museum for his inspection, and the effects of pathological changes upon the various organs of the body will be demonstrated. The subject is roughly divided into medical and surgical pathology, two days a week being devoted to the former and one to the latter. The whole course occupies two years. At the end of each half-hour demonstration on museum preparations, a *viva voce* examination is held on typical recent specimens collected from the post-mortem room and operating theatre.

Valuable as is the instruction afforded by these systematic lectures and demonstrations they must on no account be allowed to take the place of the daily demonstrations of Morbid Anatomy (Dr. Pitt and Dr. Perry, 2 p.m.) in the post-mortem room. Here a student gains information on the relative distribution of morbid processes throughout the body, and learns to verify the accuracy of his observations at the bedside. No ward clerk must on any account neglect to follow the fatal cases to the post-mortem room, and throughout a student's career there is probably no more profitable way of spending an afternoon unappropriated to routine duty than in watching post-mortem examinations. It is not always possible to find time to hold the appointment of post-mortem clerk, but whenever it is the appointment should be held. The man who misses the opportunity while he is at the hospital of becoming acquainted with the many difficulties that may be encountered in making a post-mortem is sure to regret it afterwards.

The practical use of the microscope in solely pathological problems should be learnt as early as possible. With this object the course of Microscopical Pathology (Mr. Bellingham Smith and Mr. Pakes, Tuesday and Friday at 9 in the New Histological Laboratory) should be attended in the first winter session after the student gets into the wards. Here he will gain his first instruction in practical Bacteriology, which he will have constant opportunities of making use of in the wards. Here he will also amplify the knowledge he has already acquired, in the course of Normal Histology, of section cutting and staining, and have demonstrated to him the microscopical appearances of tumours and diseased tissues. A man cannot often find time to attend this course more than once, but he should attend it early in his career and work hard to learn enough about technique to enable him to afterwards examine specimens that constantly come in his way while holding senior appointments. Morbid histology and bacteriology are very engrossing studies, and many good men fight shy of them on account of the amount of time they fear they will "waste" over them. But a man of method can generally find a good many spare moments to devote to this work without seriously interfering with his reading, and he who acquires this hobby will find it a useful one to ride when he has accomplished his examinations and is waiting for patients.

BACTERIOLOGY.

Early in the present year bacteriology was recognized by the Conjoint Boards of the R.C.P. and R.C.S. as a part of pathology, and students are required to have attended a course. Next month, the first of these compulsory courses will be held as a part of the microscopical pathology. The rudiments of the science will be taught, and the methods that ought to be known by all ward clerks—to say nothing of dressers and residents. The staining of sputum, urinary deposits, pus, and cultivation of bacteria; the preparation of blood films and the collection of blood for bacteriological examination and serum reaction; the real meaning and value of antiseptics, will be explained—in fact the technique of the examinations which can be undertaken in the wards.

In addition to this class there are the lectures and demonstrations given in October and May every year, largely in connection with the laboratory course of Public Health. The lectures, which are open to all full students without fee, include the morphology and life history of the pathogenic germs and the diseases to which they give rise; the examination of morbid secretions and excretions, water, air, the protozoa, susceptibility, etc.

In the classes the students are taught the methods of bacteriological work, including the making of media, examining and cultivating the more common of the pathogenic and non-pathogenic bacteria.

ANÆSTHETICS.

Lectures and demonstrations are given by Mr. Tom Bird and Mr. Rowell on the use and administration of anæsthetics; they are open to men who have passed the second Conjoint examination or its equivalent, and to dental students in their second year. The post of "anæsthetic clerk," of one month's duration, is open to students only who have attended the lectures and demonstrations.

SURGERY.

Lectures are held three times a week, on Tuesdays, Thursdays and Fridays, in the anatomical theatre, by Mr. Howse (1.30) or Mr. Davies-Colley (9.30). Mr. Howse for the first part will lecture on "General Surgery," *commencing on Thursday, October 7th.* Clinical lectures are given on Wednesdays, at 1.30 in the anatomical theatre, by the surgeons. The first will probably be given by Mr. Howse, on Wednesday, October 6th.

Mr. Dunn, six weeks before the final Conjoint examinations in January, April and July will hold "Revision Classes," upon which attendance is voluntary. Only those desiring to present themselves for examination are expected to attend.

Mr. Dunn will hold a course of "Operative Surgery" for final M.B. and Fellowship men in October, of which further notice will be given. The course for the requirements of the Conjoint Board will be held in January, 1898, and the fee of 10s. 6d. should be paid not later *than December 18th. Names of students desirous of* attending the M.B. course should be left at the medical office *before* the end of September. Mr. Higgens will lecture during January to March on "Ophthalmic Surgery," on Wednesday, at 3 p.m., in the ophthalmic operating theatre. The lectures must be attended after passing the second Conjoint examination before admission to the final Conjoint.

THE SURGICAL WARDS.

In the surgical wards there is a division of labour, and corresponding to this division, the appointments fall into two classes—clerking and dressing. The student's first introduction to clinical work is as a clerk in the surgical wards, and it is not unlikely that he may, on his first entry, be a trifle discouraged. The reasons for this are obvious. Entirely ignorant of surgery and even of the terms in common use, he is at once required to write full accounts of the cases admitted to the wards. He will find, however, that by paying attention to the advice we give him, that his difficulties will be found to be anything but insurmountable.

Being the junior appointment in the hospital, there is a tendency in the minds of some, and a little more than a tendency in the minds of others to belittle the post. This is unjust, and is the result of ignorance of the real functions of the surgical clerk. What the medical clerk is to the medical side, the surgical clerk is to the surgical side. The post is junior in point of time, but does not necessarily carry with it any stigma of inferiority. Their duties are identical: the preparation of the permanent hospital records of the cases admitted to the wards. What difference there is consists of this: the machinery of the medical side is less complicated than that on the surgical; whereas the whole of the work in the medical wards falls on the clerk, in the surgical wards it has been found advisable to specialise and to separate—for the sake of greater proficiency—the duties of clerking and dressing. This separation has, on the whole, been justified by the results, the chief difficulty being the dependency of the clerk on the dresser for many details of importance. Dressers should, therefore, remember that from them the hospital expects such assistance as will render the reports as complete as they can be made. On the clerk, however, rests the responsibility, and the excellence of his reports is a sure indication of smooth working and mutual assistance in the firm to which he belongs.

The recent appointment of an overseer to each firm of clerks in the person of a clinical assistant in the surgical wards, has been of inestimable value, primarily to the clerks, secondarily to the whole firm. The clinical assistant should be the immediate "ear" of all his clerks, to instruct them of their duties in the wards, also relieving the surgical registrar of many details in the filling up and classification of the reports of his firm.

We do not wish to exalt the clerk unduly, but to insist merely that in his work the same care and attention to detail, the same knowledge of surgery and human nature are as necessary as in other appointments. Let him bear in mind that to him is given by the hospital the task of keeping its records. These are bound and kept, and by his work thus perpetually in evidence a man is judged. Bad reports are a lasting disgrace; good reports a lasting honour. The importance of good careful work by the clerks cannot be over-estimated. In the nature of things it cannot be perfect, but it must be as perfect as he can make it. By his first work in the wards he will be judged, and he will find that it is very hard to live down a bad clerkship. At the same time that he bears in mind the difficulties and responsibilities of his post, he should remember that he is a junior, and that any assistance he can lend his seniors should be offered ungrudgingly, and in return for this he will undoubtedly meet with that consolation and help in his work which is so necessary. There is no loss of dignity sustained in

carrying screens to patients, or in the thousand and one small opportunities which present of helping the other workers in the wards.

To the dressers we would submit that the performance of dressing is no part of a clerk's duty, and that it is no kindness to him to request him to undertake what he cannot from his position with good grace refuse, and what nevertheless he is unfitted to do.

The work of the firm, as a whole, should be the interest of each individual member of it. Pride should be taken not only in its splinting and dressing, but also in its reporting. A good house-surgeon and a good dresser will see that the reports are not below the level of those of other firms, for as they represent the work of the firm the individual members should see that they give a fair and accurate idea of that work. The clerk from this point of view is to be regarded as the mouthpiece of the firm to succeeding generations. The firm should see that he represents it fairly.

The clerk, as soon as he is appointed, should find out from the surgical registrar to whom he is appointed. A few days before taking over the work he should learn from his predecessor what he can about the cases he is to take charge of, so that the work may be continued as nearly as possible without a break. At the present time there is an entire change of clerks every three months, but in the way indicated above, the break in the work may be obviated to some extent. He should learn quickly to take accurate temperatures, and pulse and respiration rates, and test urine, for without any exception the temperature, pulse and respiration rates, and condition of the urine must be included in the notes of every case on admission. The surgical registrar sees every new case with the clerk on the morning after admission, when he expects a history of every case to be ready. This, if vague, is useless. All symptoms should be set down in exact order, with the dates of their appearance. The exactness in detail is of the highest importance, and is a measure of the care with which the clerk has done his work.

He should have a note-book, and should put down in it everything about the case that he can obtain from the surgeon, house-surgeon and dresser. This should be copied into the report as soon as possible.

We would impress on each clerk the value of seeing everything done by the dressers or house-surgeon—the operations, putting up fractures, especially when done at night in take-in week, and this should apply to manipulations on every case under the surgeon, and not only to the cases which the individual clerk has to report—much may be learnt in this way which otherwise can only later be gathered with much greater effort. A new departure is to be made this year in the Practical Surgery Classes, which are in future to be in the hands of the surgical registrar (for whom Mr. H. A. Duffett is by permission of the Treasurer to act until December). Each course will begin on the appointment of the new surgical ward clerks, and will be especially designed for their instruction in all matters related to that appointment. It is hoped that all men not yet signed up for this course will make an effort to attend the first course in the coming session, so that in 1898 a fresh start may be made for ward clerks only, who should bear in mind that this course is necessary to fulfil the requirements of the Conjoint Board.

Lists of the duties appertaining to each appointment are supplied to the students, and these are to be carefully followed out. The hospital not only expects this, but insists on it. We have laid stress so far on the appointment of surgical ward clerk, as it is the first post that the student holds, and because he is so often quite unaware of the objects of the appointment.

He will in time become a dresser, and will by that time have learnt the traditions that underlie his office. He should, before accepting office, have acquired most thoroughly the principles of aseptic surgery, and, on no account, ever depart from them subsequently. Let soap and water be his sheet anchor.

The surgical wards are visited every day by the surgeons and assistant surgeons at 1.30. Tuesdays and Fridays are reserved for operations, notice of which has been posted in the colonnade. The surgeons are assisted at the operation by the dressers, and no others should stand about in the well of the theatre, the only exception being the particular ward clerk to the case. With due diffidence we should like to hint that the front seats reserved for the staff and for visitors were never intended to be used as a footstool. The habit of sitting perched along the front rail is one of recent growth only, and in the interest of the patient, the operator and those watching the operation, is to be deprecated.

Although we believe there is no rule which prevents freshmen attending operations and clinical demonstrations, we would point out that such a course of action is useless to them, and is not encouraged by the authorities.

Finally, we should like to repeat that although specialization has provided a clerk responsible for the drawing up of the hospital records, yet as this report is an account of the work performed by the firm as a whole, it touches the honour of everyone in it that the report should be an accurate statement of the work done. The firm should be considered the entity, each separate member of which fulfils his own function, each at the same time being dependent on the others for the smooth, even working of the whole.

S. R.

DAYS AND HOURS OF ATTENDANCE ON HOSPITAL PRACTICE.

Accidents and urgent cases of all kinds are admitted by the St. Thomas's Street entrance at any time of the day or night.

THE WARDS.

Medical Wards.—Dr. Pye-Smith (1.30), Mondays, Thursdays, and Saturdays. Dr. Taylor (1.30), Mondays, Thursdays, and Fridays. Dr. Goodhart (1.30), Mondays, Tuesdays, Thursdays, and Fridays. Dr. Hale White (1.30), Mondays, Tuesdays, Thursdays, and Fridays.

Surgical Wards.—Mr. Howse (1.30), Wednesdays and Saturdays. Mr. Davies-Colley (1.30), Mondays and Thursdays. Mr. Lucas (1.30), Mondays and Thursdays. Mr. Golding-Bird (1.30), Mondays and Thursdays. Operations (1.30), Tuesdays and Fridays.

Obstetric Ward.—Dr. Galabin (1.30), Mondays and Fridays. Dr. Horrocks (1.30), Tuesdays and Fridays.

Ophthalmic.—Mr. Higgens (1.30), Fridays. Mr. Brailey (1.30), Tuesdays. Operations (1.30), Mondays and Thursdays.

THE OUT-PATIENT DEPARTMENT.

The days and hours of attendance in the Out-Patient department of the hospital are as follows:—

Medical Cases.—Dr. Pitt (12.30), Mondays. Dr. Shaw (12.30), Fridays. Dr. Washbourn (12.30), Wednesdays.

Surgical Cases.—Mr. Jacobson (12.30), Wednesdays. Mr. Symonds (12.30), Thursdays. Mr. Lane (12.30), Mondays. Mr. Dunn (12.30), Saturdays.

Obstetric.—Dr. Horrocks (12.30), Thursdays and Saturdays.

Ophthalmic.—Mr. Higgens (1.30), Tuesdays. Mr. Brailey (1.30), Tuesdays and Fridays.

Dental.—The Dental Staff (9), every week day.

Aural.—Mr. Purves (1), Tuesdays.

Skin.—Dr. Perry (1), Tuesdays.

Throat.—Mr. Symonds (2), Fridays.

Electricity.—Dr. Pitt (1.30), Wednesdays and Thursdays.

DENTAL SCHOOL.

The dental student is supplied at the medical office with the Prospectus, Standing Orders, Clubs' Union Book, Calendar and List of Instruments.

If these pamphlets are carefully perused the student will become well acquainted with the general arrangements of the school, and the scope of the work upon which he will be engaged during his studentship.

It will first be necessary for him to purchase his *instruments* at one of the dental depôts, and to satisfy himself that he has been supplied with those which are described in the hospital list.

It may appear to the uninitiated that the cost is great, but this is not really the case, as the instruments will be useful to him throughout the whole of his professional life.

Probationary work upon the phantom head will next occupy the freshman's time for about two months. This operative course is very comprehensive, and includes most of the conservative operations that the student will subsequently perform on patients, namely, gold and other fillings, crowns, inlays, and the treatment of devitalized and septic teeth. If the manipulations upon the dummy are done in a thorough manner, a capital ground work of dental practice will be acquired.

Operative skill of a high order is now demanded by the staff, the Royal College of Surgeons, and the public, which latter will ultimately derive the benefit.

Dentistry, being a specialty of surgery, must also be studied from its scientific aspect, hence it is that lectures upon the anatomy of the teeth and their diseases are compulsory.

The man of average ability will find that his brain as well as his hands need training, and that all his energies will be required to really master the science and art of dental surgery during the minimum of two years required by the Royal College of Surgeons. In passing, it may be mentioned that the facilities at Guy's are unsurpassed in London, as it is the only hospital where all the special and general lectures are given in addition to the practice of dentistry.

The student is advised to do his *dissections* early in the session. His time will be less occupied at this period, and he could not be the means of conveying septic infection from the dissecting room to patients, which might possibly occur if dissections are deferred until he is permitted to operate upon the living subject.

The Out-patients' department—surgical and dental—must never be neglected, and all available spare time can be profitably spent here. He should take notes of all interesting cases, and bring them before the Dental Society for discussion.

The advantages of joining the *Clubs' Union* are too obvious for comment. Some of the societies included in the union are intended for the training of the mind, whilst others aim at the development of the body, and it is with justifiable pride that Guy's men strive to excel in physical as well as in mental culture.

The library contains all the standard medical and dental works, and the current periodical literature. Reference works can here be consulted, and many of the books can be borrowed under certain necessary restrictions. The text-books in use at Guy's are recommended by the various lecturers, and a list is also published in the prospectus.

If a student at any time needs advice regarding his work he should consult the Dean, or any member of the dental staff, each or all of whom will be glad to help him.

M.

The College.

THE idea of a residential college at Guy's, although first projected in the days of Addison, was not carried into effect until 1890, when, built upon a site fronting the east gate of the hospital, and connected therewith by a subway, the College was opened in March, by Mr. Gladstone. Residence is afforded here for the men holding the senior house appointments and for about fifty other students, who are all under the supervision of the resident warden, Mr. Dunn. Particulars as to terms may be seen on page 25 of the Green Book. There are a few vacant rooms, for which application should be made to Mr. Croucher, at the Medical School Office.

The College contains also the premises of the Students' Club, in the reading-room of which there is a lending library.

MR. LUCAS.

MR. FRIPP.

MR. LANE.

MR. STEWARD.

DR. WASHBOURN.

MR. HANDLEY.

DR. STARLING.

MR. HOPKINS.

DR. FAWCETT.

ANATOMY AND PHYSIOLOGY.

W. & S. Ld.

DR. PANTING.

DR. STEVENSON.

MR. WADE.

PROF. REINOLD.

DR. HALE WHITE.

DR. STEVENS.

PROF. BEDDARD.

PROF. GROVES.

MR. COLLIER.

CHEMISTRY, BIOLOGY AND MATERIA MEDICA.

Passim.

A REAL HEARTY WELCOME FROM ALL GUY'S MEN TO OUR NEW FRIENDS.

THIS Special Students' Number is, of course, primarily intended for those who are about to throw in their lot with us at this our Hospital, and in holding out a welcoming hand to them, we have to tell them, though perhaps we need hardly say so, that in our, and in all right-minded men's opinion, Guy's is far and away the best institution of its kind that this great metropolis contains. We will not now give our reasons for this somewhat sweeping assertion, but we confidently believe and affirm that all the men who are now about to enter Guy's for the first time will hold the same opinion before the year is out. Not that they will then have found out all the glories of the place in which we pride—far from it. On the contrary, they will then have barely begun to realise those factors which make Guy's the splendid hospital it is, and it will not be till they sever their connection with the institution, and are left to act more or less on their own responsibility, that they will fully understand the advantages of the place that they have left behind.

AND so we offer them our most hearty congratulations on their choice of a hospital. If they are footballers or cricketers of ability, so much the better. If athletes, the shield has been absent for two whole years from its proper place in the smoking-room, and must be brought back next summer. If they are of a musical turn of mind, the Disguysed Club and the Nurses' Choral Society will receive them with open arms. Whatever they are and however they may be situated, we offer them every good wish for a successful medical career, and confidently expect that they will do all they can to help to maintain untarnished the reputation that Guy's possesses for turning out first-class practical men.

WE hope all the new men will make a point of coming up to Guy's on the first night of the Session for the opening meeting of the Physical Society, when Dr. Muspratt, of Bournemouth, will read a paper in the New Lecture Theatre. This, too, will be the occasion of Sir Samuel Wilks' first official visit to the hospital since his election to the Presidency of the Royal College of Physicians and his knighthood. We ourselves, with mistaken modesty, missed this function on our entry to Guy's, and after attending the following year, have never since ceased to regret the omission. Last year the arrangements were altered, owing to clashing with the Biennial Dinner, and then everyone felt that the Session had not received half such a good send off as it had in former years. This year, however, a return will be made to the old enjoyable order of affairs, and after the house-dinner in the college, with Mr. Symonds in the chair, when Sir Samuel will be present, an adjournment will be made to the spacious new physiological buildings for the rest of the evening. Morning dress only is the order of the evening, if we may be allowed the expression.

THE accounts of the fighting on the North-West frontier of India are at present perhaps the most engrossing topic in the daily papers of the month, and all Guy's men will have read with feelings of pride, the heroic defence of Fort Gulistan by some one hundred and fifty men of the 3rd Sikhs, officered by three Englishmen, one of whom was Surgeon-Captain S. E. Pratt, of the Indian Medical Service, an old Guy's man. The fort was attacked on the 13th inst., and the fighting lasted continuously for over thirty hours, and this little band successfully held the position against enormous numbers of the enemy, till reinforcements arrived.

DEAR old Betts! must be the expression of everyone who reads "Jubilee's" letter in another column. To think of his having a jubilee! Fifty years ago this October our worthy old friend entered the service of the hospital, and he still feeds the pigeons and superintends the museum and the lectures, and chats away about the old days with any of his boys who will go in and see him. In celebration of the event, it has been decided to raise a subscription and present him with some recognition of the esteem in which he is held. Subscriptions should be limited to half-a-crown and be sent to the Editor of the GAZETTE, Guy's Hospital. An announcement will be made later on as to the choice of a present and the occasion of presentation.

AN illustrated interview with the patriarch of Guy's, as we believe him to be, was published in the GAZETTE in 1894, and will well repay perusal. He lived in former days in Queen Street, Borough, a street hardly recognisable now, seeing that it ran through the Park, along the side now occupied by the medical building. In the same street

also lived Mr. Thomas Goldstone, the Janitor whom Mr. Betts still remembers. In another column we publish a portrait of this worthy, accompanying a letter describing his courtesy and other virtues, in terms which were strongly corroborated by Mr. Betts, who remembers him well.

WE reprint from a contemporary an excellent letter written by Dr. Samways on the subject of Vivisection. We are very weary of the subject, but it is the unfortunate lot of every medical man to be frequently pestered with questions as to the morality of experimenting by vivisection; and the letter referred to may accordingly be found very useful, as giving in the best form possible the arguments most fitted to deal with the popular conscience.

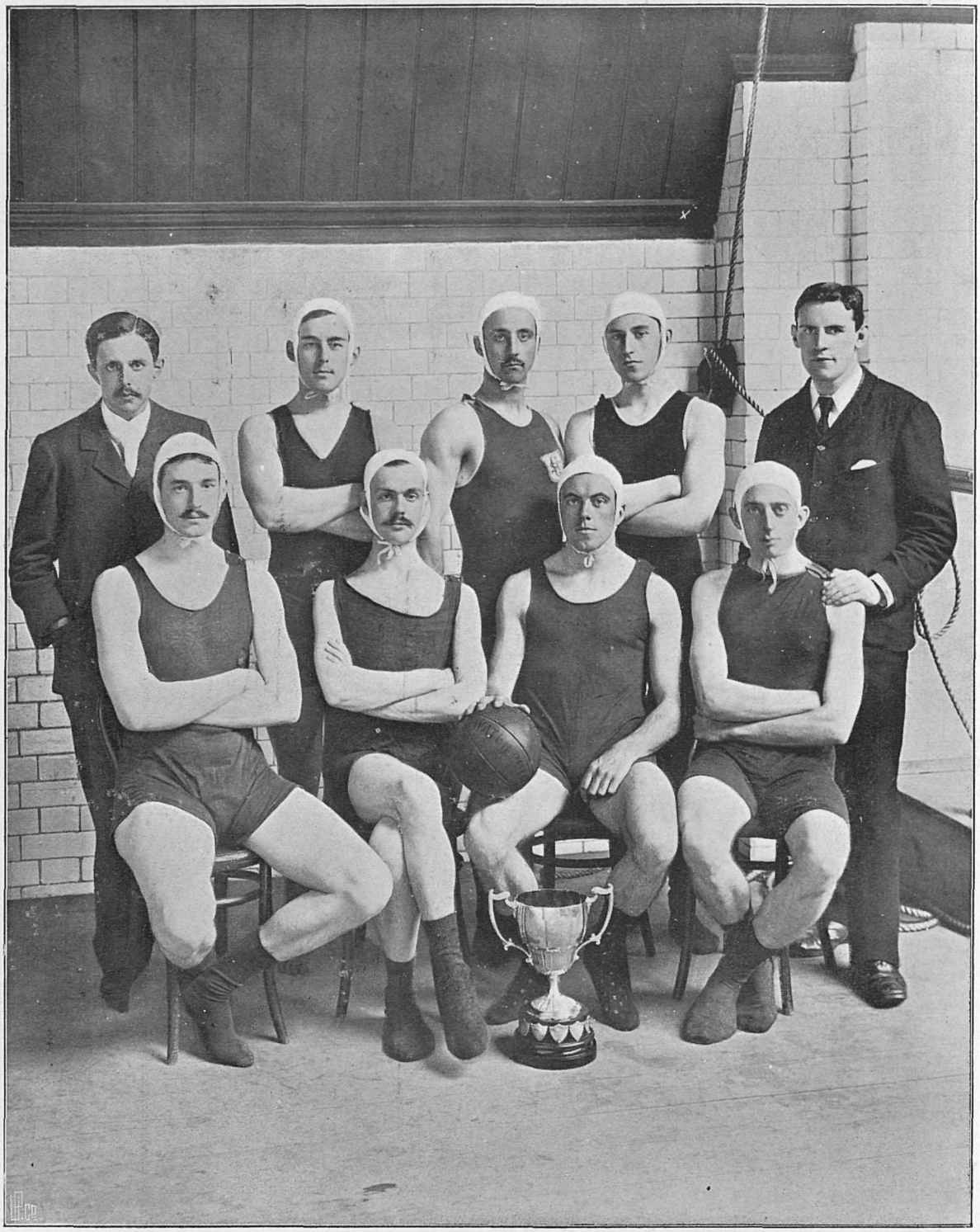
OUR correspondence columns this week give abundant food for reflection. The letter from Dr. Holmested, of Bournemouth, is suggestive, although the idea of a great institution such as our own having its own vegetable and dairy supply in the country is not in itself original. The middleman is thereby, of course, avoided; the customer can be almost sure of his provisions, and the farmer can take the greater part of the money that went before to the middleman. But the difficulties are innumerable. There is no one so absolutely opposed to co-operation, because so inclined to distrust his neighbour, as the British farmer; and until the farmers combine, they cannot possibly get the custom of a vast hospital, which must be certain of its supply with as little trouble as possible. As a fact, this very suggestion was made and tried some time since in the matter of milk. But besides the above disadvantages it was found to work out at a penny per gallon more, enough to make a very large difference in the course of the year, and the experiment was abandoned. It is an aim to be kept in view, but an aim that is at present quite out of reach. Dr. Holmested's other argument concerning the democratic needs of every medical man, if taken seriously, is at least open to question; and *Reynolds' Newspaper* is a very inferior production.

LAST May a short note appeared in these columns of the GAZETTE with the idea of calling the attention of the authorities to the need of some place where bicycles might either be stored by those living in or near the college, or housed for the day by those coming from a distance. Apparently that shaft fell short of its intended destination, so to-day we publish a letter from a correspondent, as a further stimulant. The requisites are a vacant plot of land such as that behind the railings along Great Maze Pond, and a low shed with water-tight roof, *e.g.*, zinc overlying felt, built against the wall and sub-divided into partitions, each of which should have a door and lock to itself. The expense ought to be repaid in three years' time, by the hire of the stalls at about five shillings a year. Thirty stalls would be none too many, and the arrangement would be very highly appreciated.

AT the present time, stump cricket in the gymnasium is an extremely popular pastime with the residents and others who have a half hour of spare time on their hands. Now, if we remember rightly, a similar "rage" for the game existed about this time last year, and it was then put a stop to rather summarily by the Secretary of the Students' Club, owing to the frequent breakages of windows occurring thereby. Moreover, the popularity of the game leads to the frequent transgression of the rule prohibiting the wearing of boots on the floor of the Pavy Gymnasium. Seeing, however, that the game is such a useful means of recreation for many who would otherwise get none—for the game is prohibited in the park, and what is one fives court among so many?—and who are unable for sundry reasons to get away to Honor Oak Park, the question occurred to us whether it would not be better to legalise the game as played in the Gymnasium, and at the same time to prevent further damage, by covering the interior of the skylight windows with wire netting. The committee of the Students' Club have control of the Gymnasium, and we turn to them for advice on the subject.

WE present to our readers to-day reproductions of the photographs of the Association and Water Polo Teams as the winners for the present year of their respective cups. The Cricket Team unfortunately had not been photographed up to the time of going to press, and so we are regretfully unable to publish all the year's champions in one issue. Of the Association Football Team, Barker, Crosby and Thornley are this year beyond the time limit, so there is an excellent chance for any keen freshman to get into the team straight away. The Polo team this year did magnificently in the Inter-Hospital Cup Ties, as a glance at a later page of this number will show. They, too, however, lose one or two of the best men now,

E. F. HARDENBERG (Reserve). J. R. ASH. H. GROSE. G. EVANS. D. H. TRAIL (Reserve).



M. S. BARKER. J. L. PAYNE. G. MARSHALL (Captain). C. B. SELLS (Hon. Sec.).

GUY'S HOSPITAL WATER POLO TEAM.—Winners of the Inter-Hospital Cup, 1897.

H. B. ONRAËT (Hon. Sec.) A. HUGHES. J. McALPIN. M. H. THORNLEY. R. H. J. SWAN. C. F. WHITCOMB. W. M. ROBSON.

R. W. B. HALL. L. HUMPHRY. M. S. BARKER (Captain). E. A. LONGHURST. P. S. MANDY.

GUY'S HOSPITAL ASSOCIATION FOOTBALL CLUB.—Winners of the Inter-Hospital Cup, 1897.

so that altogether we shall have all our work cut out if we want to retain the three cups, and gain as well the Rugby, Athletic, and Lawn Tennis trophies. The programme is rather appalling, no doubt, but it is certainly not impossible.

IT was originally intended to publish with this Students' number portraits representing the whole of the teaching Staff of the Medical School. It was found, however, that it would be impossible to obtain a complete series in time for this issue, so it was decided to restrict the inset to those lecturers and demonstrators who come into contact with men in their first two years at the Hospital. The remaining portraits we intend to present to our readers in the near future.

THE Association Football Club has this season made an alteration in the style of its football shirt. Last and previous seasons, the shirt consisted of flannel, dyed with the Guy's colours in halves. It, however, never wore satisfactorily, the first washing as a rule taking every bit of shine out of it, and causing the colours to run the one into the other. To obviate this, Messrs. Benetfink, of Cheapside, have specially had manufactured a better material. The new shirt will be dark blue, with yellow sleeves and collar, thus avoiding confusion with the Old Cranleighans, whose colours were identical with ours. While on the subject of football, we may state for the benefit of freshmen that the Clubs' Union Ground is always open for practice, and that cheap tickets to Honor Oak Station can be obtained, price fourpence each, at the desk in the dining-hall.

THE arrangements for the complimentary dinner to Sir Samuel Wilks, Bart., P.R.C.P., to be given on Wednesday, October 6th, are now quite completed. The dinner will take place in the Whitehall rooms of the Hotel Metropole at 6·30 p.m., but the reception rooms will be open as early as 5.30. Old Guy's men who wish to be present should apply for a ticket (price 22s.) to Dr. G. Newton Pitt.

Papers by Guy's Men.

A Case of Ulcerative Endocarditis, successfully treated with Anti-streptococcic Serum. By W. J. Washbourn, M.D., F.R.C.P. Lond.—*Lancet*, September 18th.

A Sketch of a State Medical Service. By Herbert Manby, M.B., B.C. Cantab., D.P.H. — *Birmingham Medical Review* for September.

Guy's Hospital Clubs' Union.

THE FORMATION OF THE CLUBS' UNION, by the amalgamation of the various constituent institutions, took place in the summer of 1891. The objects of the amalgamation are to further the interests of the clubs and societies existing at the Hospital by their mutual support, and to simplify the collection of subscriptions. By the payment of an annual subscription, or of a composition fee (see Clubs' Union Blue Book, page 14), to the Clubs' Union, any student of the Hospital can obtain the privilege of membership of the constituent institutions.

THE GROUND OF THE CLUBS' UNION, which is under the control of the council, is situated close to Honor Oak Park station, on the London, Brighton and South Coast Railway, and to the Crofton Park station on the London, Chatham and Dover Railway. It is nine acres in extent, and is the headquarters of the Guy's Football, Cricket, Athletic and Lawn Tennis Clubs. Under such restrictions as are found necessary by the committees of the several clubs, and are approved by the council of the Clubs' Union, every member of the Union has opportunities of practising and taking part in matches, and in the various sports and games. There is a large pavilion upon the ground, with dressing and lavatory accommodation. Refreshments can be obtained by members of the Union according to the tariff of the Students' Club.

The ground-man, who is a professional cricketer, has quarters in the pavilion. His duties are to keep the ground in order, to prepare the wickets and lawn tennis courts, and to bowl to such members of the Union as shall be selected by the committee of the Cricket Club. Lockers may be rented on application to the ground-man, at a charge of 5s. for the summer or winter season, 2s. 6d. deposit is also required on the key.

Cheap railway tickets between London Bridge and Honor Oak Park stations are issued to members of the Union upon conditions which will be found enumerated in the Clubs' Union Blue Book.

THE HOSPITAL "BLUE."—The "Blues" Committee, consisting of two representatives from each associated club, award "Blues" and "Half-Blues" to members of the following teams:—Rugby Football, Association Football, Cricket, Athletic, Lawn Tennis, Water Polo and Bicycle, after considering the list of men suggested by the various Clubs' Committees through their delegates. Blues are awarded half-yearly, at the end of each session, so that the Rugby Football team be represented by fifteen Blues, the Association Football by eleven Blues, Cricket by eleven Blues. The Athletic by "Blues" and "Half-Blues," dependent on the recommendation of the Athletic Committee, according to the performances at the Inter-Hospital sports. The Lawn Tennis by three Blues and three Half-Blues, the Water Polo by seven Half-Blues, and the Bicycles by six Half-Blues.

(For instance, if the Rugby team at the end of the season contains ten players who have already earned their Blue in the football team, the Blues Committee will award five new Blues so as to make the number up to fifteen.)

CONSTITUENT INSTITUTIONS.

THE FOOTBALL CLUBS.—President: J. N. C. Davies-Colley, M.A., M.C., F.R.C.S. Rugby—Captain: F. C. Wetherell. Hon. Secretary: H. V. Bagshawe. Captain Second XV.: E. R. Row; Captain Third XV.: J. W. Dadd. And a committee of five, one representing each year. Association: — Captain: L. Humphrey. Hon. Secretary: R. W. B. Hall. Captain Second XI.: D. G. Greenfield. And a committee of five, one representing each year.

The Rugby Football Club has now been in existence for over fifty years, the season of 1895-96 being the fifty-second. Very little is known about its early history; it is, however, recorded that when the Rugby Union was formed in 1871, the G. H. F. C. was one of the original pioneers, and the only hospital club in the movement; it then had a reputation second to none. The club's position in the football world was acknowledged by the Union electing J. H. Ewart to serve on its first committee, which included such historic names as A. Rutter (president), E. H. Ash (hon. secretary), F. J. Currey, F. Stokes, and A. G. Guillemard. Amongst the many brilliant players who at one time or another have appeared for Guy's, may be mentioned the following International footballers:—A. W. Pearson, W. W. Pinching, A. H. Jackson, L. Stokes (captain 1877-8), A. S. Taylor, W. G. Mitchell, H. W. Dudgeon, A. Allport (England); H. M. Jordan (Wales); R. Evans (Scotland); and F. O. Stoker (Ireland).

In 1874 the Inter-Hospital Challenge Cup was instituted, which Guy's were fortunate enough to secure for the first time. Since its institution, St. Thomas's have held the Cup ten times. Guy's four times—the last occasion being in 1886; St. George's three times; London and St. Bartholomew's twice each; and Middlesex once.

In 1891, Guy's, Middlesex, and St. Thomas's were left in, the ties not being played out.

Of last year's team we lose Alexander at three-quarter, who will be much missed. With this exception we shall have all last year's team and several University and other players of note to choose from. Competition among the forwards will be keen.

At a meeting of the Surrey County Club on September 22nd, it will be proposed that Clubs which are affiliated Surrey, having their grounds outside Surrey but are otherwise qualified, should be allowed to play in the Surrey Junior Cup-ties. If this proposal be carried, Guy's 2nd will be enabled to compete for this Cup.

We hope that backs as well as forwards will make the best use of the very excellent opportunities there are at Honor Oak Park and in the gymnasium of getting fit, and keeping so.

A trial game will be held on October 6th, further notice of which will be posted on the notice-boards. All freshmen wishing to take part in hospital football are particularly requested to try and make a point of playing in this game. The first match will be on October 16th, with Lennox. A ball for practice can always be obtained at the ground at Honor Oak Park. The officers of the Club will always be very glad to give any information required.

The following matches have been arranged for this season:—

FIRST FIFTEEN.

Oct. 6.	Trial game	Home.
16.	Lennox	Away.
20.	Cambridge	Away.
23.	Old Leysians	Away.
30.	*Cardiff	Away.
Nov. 1.	*Penarth	Away.
6.	Catford Bridge	Home.
10.	Royal Engineers	Away.
13.	Croydon	Away.
17.	East Sheen	Away.
20.	Old Merchant Taylors'	Home.
27.	Lennox	Home.
Dec. 1.	East Sheen	Home.
4.	*Blackheath	Away.
11.	Coventry	Away.
18.	London Scottish	Away.
Jan. 8.	Old Leysians	Home.
15.	Croydon	Home.
19.	Streatham	Home.
22.	Rosslyn Park	Home.
29.	Catford Bridge	Away.
Feb. 5.	Leicester	Away.
12.	Kensington	Home.
19.	H. A. C.	Home.
26.	R. I. E. C.	Away.
Mar. 5.	Richmond	Away.
12.	Old Merchant Taylors'	Away.

* Combined with St. Thomas's.

SECOND FIFTEEN.

Oct. 2.	Trial game	Home.
16.	Lennox	Home.
23.	Marlboro' Nomads	Home.
30.	St. Thomas's	Home.
Nov. 6.	Brockley	Away.
13.	Rosslyn Park	Home.
20.	London Scottish	Away.
27.	Lennox	Away.
Dec. 4.	Kensington	Home.
11.	L. & W. Bank	Home.
18.		Home.
Jan. 8.		Away.
15.	St. Bart.'s Hospital	Away.
22.	L. & W. Bank	Home.
29.	Brockley	Home.
Feb. 5.	Croydon	Home.
12.		
19.	Old Charltonians	Away.

Feb.	23.	Merchant Taylors' School ...	Home.
	26.	Richmond	Away.
Mar.	5.	Kensington	Away.
	12.	London Scottish	Away.

The Association Club has now been in existence for fifteen years, having been instituted in 1882. Since that time it has, for the most part, been in a flourishing condition.

For the first four years after the institution of the Inter-Hospital Challenge Cup (1886-89), Guy's obtained that trophy, and in two of those years, 1887 and 1889, won the Surrey County Cup as well. In 1894 the Inter-Hospital Cup was again won, and last year it was once more brought back to this hospital. Guy's have now held the cup more times than any other hospital, having won it six times out of a possible twelve.

Among the prominent players who have represented Guy's in Association football may be mentioned H. J. Holman, H. B. Bolus, E. T. Mitchell, H. Hickman, N. C. Cooper, Norman Lavers, A. M. Daniel, A. B. Carter, and R. T. Fitz-Hugh.

Among this year's fixtures will be noticed some new clubs, the list including for the first time for some years Tunbridge Wells, R.M.A., Royal Engineers, and Sittingbourne.

We are unfortunate in losing last year's captain, M. S. Barker (he was a fine goal-keeper and his place will be hard to fill). Two other men are also out of their year, A. E. Crosby and M. H. Thornely. Freshmen should remember that these three vacancies will probably have to be filled from their ranks.

No sketch of the Association Club up to the present, however slight, would be complete without some mention of H. Bernard-Onraët, who has been connected with the team for some years. Though not a player himself, he was secretary of the Club for the seasons 1895-96, 1896-97, and our thanks are due to him for the great interest he has always taken in the team, and the keenness he has worked up.

Trial games will be held on October 2nd and 6th. All freshmen anxious to play should put their names down, with the position they play in, on the lists provided in the colonnade, etc.

FIRST ELEVEN.

Oct.	2.	Trial Game	Home.
	6.	Trial Game	Home.
	9.	Idlers	Away.
	13.	... ...	Home.
	16.	Old Harrovians	Home.
	29.	Newbury	Away.
	23.	Cheshunt	Away.
	30.	Ewell	Home.
Nov.	6.	Surbiton	Home.
	10.	Mr. Kirkpatrick's XI.	Home.
	11.	Croydon Park	Away.
	17.	... ...	
	20.	Reigate	Away.
	27.	Old Forresters	Home.
Dec.	4.	Eastbourne	Away.
	8.	Civil Service	Away.
	11.	Old Cranleighans	Home.
	18.	Beckenham	Home.
Jan.	8.	Croydon Park	Home.
	15.	Weybridge	Away.
	22.	Cheshunt	Home.
	26.	Civil Service	Home.
	29.	Tunbridge Wells	Away.
Feb.	5.	Ewell	Away.
	9.	R.M.A.	Away.
	12.	Old Forresters	Away.
	16.	Sittingbourne	Away.
	19.	Eastbourne	Away.
	26.	Reigate	Home.
Mar.	2.	Mr. Kirkpatrick's XI.	Home.
	5.	Beckenham	Away.
	12.	... ...	
	19.	... ...	

SECOND ELEVEN.

Oct.	2.	Trial Game	Home.
	6.	Trial Game	Home.
	9.	Old Cranleighans 2nd	Home.
	16.	Eltham	Away.
	23.	London Hospital 2nd	Home.
	27.	Royal Coll. Science	Home.
	30.	Ewell...	Away.
Nov.	3.	Enfield Wednesday	Home.
	6.	Surbiton 2nd	Away.
	13.	Croydon Park	Home.
	20.	Crystal Palace E.S.	Home.
	24.	St. Mary's Hospital 2nd	Away.
	27.	London Hospital 2nd	Home.
Dec.	4.	St. Mary's Hospital 2nd	Home.
	11.	Kenley 2nd	Away.
	18.	... ...	
Jan.	8.	Croydon Park 2nd	Away.
	12.	Enfield Wednesday	Away.
	15.	Surbiton	Home.
	19.	Royal Coll. Science	Away.
	22.	... ...	
	29.	Old Cranleighans 2nd	Home.
Feb.	5.	Ewell 2nd	Home.
	12.	Old Forresters	Home.
	19.	Crouch End Vampires	Home.
	26.	... ...	
Mar.	5.	St. Bartholomew's Hospital 2nd...	Away.
	12.	Kenley	Away.
	19.	... ...	

THE CRICKET CLUB.—President: W. A. Brailey, Esq., M.D. Captain: F. J. Nicholls. Vice-Captain: K. B. Alexander. Secretary: A. E. Clarke. Captain Second XI.: F. E. Walker. And a committee of four.

Guy's have always done well at cricket, and since the institution of the United Hospitals' Challenge Cup, in 1882, have held the coveted trophy for no fewer than ten years, from 1884-88 inclusive—the Cup, which is now the absolute property of the hospital—and from

1890–1894. In the first two years of the competition King's were successful; in 1889 St. Thomas's, who were also winners in 1895. Last year the final cup-tie between St. Mary's and St. Bartholomew's was unfinished; this year Guy's again won the Cup after a most exciting match with University College, by two wickets. As may be imagined, with such success we have by far the best results of any hospital. From 1886 to 1893 we scored in cup-ties alone 5,522 runs to the 2,800 of our opponents, *i.e.*, almost *double* the number. The highest individual scorer was J. C. Shenton with 172, and an average of 91 in cup-ties. The following also have scored a three-figure innings: W. J. Scott, F. Colclough, J. H. Joyce, W. I. Hancock, C. J. Francis. In bowling, every year there have been excellent performances. Among the most notable were those of C. H. Rygate and J. D. Cruickshank, who bowled all the King's wickets down at a cost of only three runs in 1886; of J. H. Bettington, who took seven wickets for twenty-one runs against Bart's. in 1890, as did W. G. Mitchell against St. Mary's in 1887; of J. H. Joyce, who captured twelve wickets for thirty-six against King's and eight for nineteen against Westminster in 1893; and of A. E. Clarke last year when v. Bickley Park, he took nine wickets for forty-three, and v. Brentwood eight for sixteen runs.

There are many names of note in connection with cricket at Guy's, to mention all of which would crowd out other matter. However, in addition to those above mentioned, there are A. F. Clarke, of Mitcham, E. J. D. Mitchell, S. Wacher, Edgar Reid, and the late J. B. Bettington.

THE ATHLETIC CLUB.—President: R. Clement Lucas, B.S., F.R.C.S. Hon. Secretaries and Treasurers: W. L. Baker, C. F. Watson; and a committee of ten.

The athletic meeting used to be held every year at Stamford Bridge during the summer session; this year and last it was held at our own ground at Honor Oak Park. From amongst the successful competitors, the team to do battle for Guy's at the United Hospitals' meeting is selected. Since the institution in 1867 of the Athletic Championship of the United Hospitals—the first inter-hospital competition of any kind—Guy's, who were the first to secure the shield, have won it on eight occasions, St. Bartholomew's nine times, St. Thomas's five times, King's and St. George's thrice each, St. Mary's twice and London once. Amongst the prominent athletes who have performed for Guy's, are W. Maltby, who appeared for North v. South in the two miles during 1873; A. W. Pearson, J. Reader, J. G. Gravely (1877), hurdles, in which his record, 16¾ seconds, remained unbroken until the present year; L. Stokes, A. S. Taylor, W. G. Mitchell, H. A. Munro, who for five years (1891–95) has won the mile and three miles, in each of which he holds hospital record, and in 1895 he won the amateur championship for four miles; H. T. S. Bell, who has three times (1892–94) won the 100 yards, twice (1892–93) each the 220 yards and high jump, in both of which he holds record, and long jump (1893–94); in his last year he also tied for first place in the "high"; P. R. Lowe, hurdles (1892–93); F. S. Batchelor, 440 yards (1893); and E. N. Scott, throwing the hammer (1893–94–95).

It is to be hoped that the Hare and Hounds Club, which last year was in a very flourishing condition, will be even more popular during the coming season. The headquarters are at the Royal Forest Hotel, Chingford, on the borders of Epping Forest, from which some most delightful tracts of country are easily accessible. Short runs also take place during the week from our ground at Honor Oak Park. Having lost the services of one or two good men, we shall require an all-round improvement to enable us to do as well as we did last year. We hope for a lot of help from the new men, especially from those who do not play football. The hospital has now held the Inter-Hospital Cross Country Challenge Cup for six years running, and we must not let it go this year. The opening run will probably be on October 16th. Slow and fast packs will be started, and only a moderate run attempted. Matches have been arranged against both Universities and other clubs. The fixture cards are nearly ready, and all other information can be obtained from W. L. Baker or R. Balderston.

THE LAWN TENNIS CLUB.—President: W. Arbuthnot Lane, M.S., F.R.C.S. Vice-President: J. W. Washbourn, M.D. Captain: E. W. S. Rowland. Hon. Secretary and Treasurer: N. Williams; and a committee of eight. The club has been in existence some eight years. There are twelve very good grass courts at Honor Oak, which are open for play from the end of April to the end of September. The club holds, at the beginning of the season, several trial games, which serve to bring before the notice of the committee all promising new players, while one or two matches are played weekly against various London clubs. The Inter-Hospital Challenge Cup was instituted in Jubilee year; it was held by St. George's until 1890: Guy's held it 1891–1892; St. Thomas's, 1893–1896; and this year St. Bartholomew's.

THE RIFLE ASSOCIATION.—President: L. A. Dunn, M.S. Captain: A. Pearson. Hon. Secretary and Treasurer: S. H. Mason; and a committee of five. The Rifle Association is now in its fifth year, and is going strong. Each of the last four years has been an improvement on the preceding one, this season being no exception. The challenge cup presented by Dr. Pitt is shot for each year, in July, at the annual prize competition. Probably a considerable number of men, new to Guy's have served in cadet corps, and have already had practice. It is to these men we must look to help bring the Inter-Hospital Cup to Guy's next year, and it is hoped that such men will not be backward in writing for any particulars to one of the officers of the association. They should take an early opportunity of joining a volunteer corps, as volunteers only are allowed to shoot at Bisley for their hospital.

THE BICYCLE CLUB.—President: C. H. Golding-Bird, F.R.C.S. Captain: J. E. L. Bates. Hon. Secretary and Treasurer: W. P. Ker; and a committee of six.

The Club meets for runs every Saturday, and has two race meetings in the year (in addition to the Inter-Hospital contests).

A general meeting for the election of officers, etc., will take place in November, and all students who are cyclists are requested to communicate with the Hon. Secretary, or any member of the committee, as soon as possible, so as to join in the final club runs of the season.

The object of the club is to promote social runs among the members. As several valuable prizes have been promised it is hoped some speed men will also come forward for the coming season.

The Hospital has been represented in the United Hospital and Cambridge, Oxford, and the London B.C. matches, and also won the shield for the third time in succession.

GUY'S HOSPITAL SWIMMING CLUB.—President: A. D. Fripp, M.S. Captain: G. Marshall. Hon. Secretary: C. B. Sells.

This club is in a most flourishing condition. This year two polo teams were run again, and it has been a most successful season, the first team beating, amongst others, Cambridge University, and again winning the Inter-Hospital Cup for the third season running, having met St. Bartholomew's, who were beaten by 6—0, and in the final, St. Thomas's, who shared a similar fate by 11—0. The practice day is Thursday, at the St. Saviour's Baths, at 3.45 p.m. The result of the season's matches is all the more gratifying in that the club has been without the services of Styer, and of last year's players only two were left, viz., Barker and Marshall, both of whom have rendered champion services. Marshall was picked to play for the South of England versus the Midlands and the North, but was unable to play owing to his being away; and during the season has played regularly for the Nautilus and Surrey County clubs. Another member of the team, H. Grose, has just been picked to play for Kent. Next season the club will be without the services of Marshall, Sells and Barker, and it is sincerely hoped that new men will come forward to fill their places. There are already rumours of a Devonshire county player making his appearance at Guy's in October. The goal score this year of the first team is 51 goals for, to 19 against. All further information will gladly be supplied by the Hon. Secretary. The club again wish to testify their appreciation of Mr. Fripp's kindness in securing the Bath Club as the venue of the final cup tie.

THE PUPILS' PHYSICAL SOCIETY.—Hon. President: Sir Samuel Wilks, Bart., M.D., LL.D., F.R.S. Hon. Secretaries: J. H. Targett, M.S., and J. H. Bryant, M.D.

This flourishing Society was founded in 1830, on the plan of the old Physical Society, which existed during the latter part of the eighteenth century at Guy's Hospital. From a copy of the old laws of the Physical Society, dated 1800, we learn that the Society met every Saturday night from seven to ten, during the month of October, and each month until the following May. Business at these meetings was divided into private, including "matters in which the Society may be concerned," and public, consisting "in the communication of cases and opinions." A fine of sixpence was exacted from a member absent at the "Roll Calls," also from a member refusing "to hold up his hand on one side or the other," to decide any question. Members were divided into honorary, ordinary and corresponding. So much for the old Physical Society, of which an account is given in the *Biographical History of Guy's Hospital*, by Bettany and Wilks, a work which every Guy's man should possess. It may be obtained from the librarian, who has still some copies of the first edition, price 10s. 6d.

At the Pupils' Physical Society, which meets fortnightly on Saturday evenings, a paper on some subject, not necessarily of medical interest, may be read by any member, to be followed by a discussion.

"Clinical and Pathological Evenings," are devoted to the exhibition and discussion of interesting cases or specimens which may be shown by any member. The following is the programme for the ensuing session:—

1897.

Oct. 4. Opening of the Winter Session, and first meeting of the Society. A paper will be read by Dr. Muspratt.
" 16. Clinical Evening.
" 30. Paper by F. Shufflebotham, "The Diagnosis of Gastric Disorders."
Nov. 13. Pathological Evening.
" 27. Paper by R. H. J. Swan, "Functions of the Supra-renal Gland."
Dec. 11. Paper by F. D. Turner, "The Serum Treatment of Diseases."

1898.

Jan. 8. Vacant.
" 22. Clinical Evening.
Feb. 5. Paper by A. H. Kirkman.
" 19. Pathological Evening.
Mar. 5. Paper by H. W. Bruce, "The Treatment of Wounds."
" 19. Treasurer's Prize Essay on "Infection."

Members are reminded that in connection with the Society the following prizes are offered for competition:—The Treasurer's Prize of £5 is given annually, and the subject of the Essay for the ensuing session is "Infection." The Society offers a prize of books or instruments of the value of £10, for the best paper read during the session; a prize of the value of £5 to the member who distinguishes himself most in the discussions; and a prize of the value of £5 to the member who exhibits the best specimens of scientific interest during the session (see Clubs' Union Blue Book, page 51).

THE DENTAL SOCIETY.—President: R. Wynne Rouw, Esq. Vice-Presidents: Montague F. Hopson, L.D.S., A. E. Baker, M.R.C.S., L.R.C.P., L.D.S., W. R. Wood, M.R.C.S., L.R.C.P., L.D.S. Treasurer: J. Lewin Payne, L.D.S. Secretary: Reginald Umney. Committee: G. S. Simpson, H. M. Kempe, T. H. Wilkinson, A. A. Bartholomew.

The society was founded in the early part of 1894. Its third session commenced in October last, and was eminently successful in every way; good papers were read and much interest was taken in the meetings by the members.

Meetings are held every month during the winter session. They are held in the Dental Lecture-room, on the second Tuesday in each month, at 4.30 p.m. Papers on subjects of dental interest are read, after which a discussion takes place; clinical cases are also shown at each meeting; and one evening during the session is specially set apart as a clinical evening. This year a prize of £5 will be given for the best paper read before the society. The first meeting will take place on October 12th, at 4.30 p.m.

THE CHRISTIAN UNION (Hon. Secretaries: W. B. Hope, G. N. Meachen and A. B. Passmore) has for its object the furtherance of the Christian life at Guy's Hospital. It is the perpetuation of the meetings instituted here by Drs. Habershon and Golding-Bird over forty years ago. On Tuesdays, at 4.15 p.m., meetings are held for Bible study. On Thursdays, at 4.30 p.m., addresses are given by visitors invited for the occasion. These meetings are held in the board-room, by the kind permission of the Treasurer. A room (No. 43) in the College is rented by the members for committee meetings, prayer meetings (daily at 12.45 p.m.), study and social intercourse. The Missionary Society, which was inaugurated two or three years ago, and which is strictly undenominational, is already doing good and useful work. The attempt thus made to unite the interest of the students in the work which is being carried on in foreign lands by medical missionaries, and to increase the knowledge of missionary work, has proved to many a source of helpfulness.

The opening meeting of the Union will be held at 4.30 p.m. on October 7th, in the board-room, and Dr. Pye-Smith has kindly promised to preside and give an address. A large attendance is asked for.

PROGRAMME FOR OCTOBER–DECEMBER, 1897.

Oct. 7.—Opening meeting. Dr. Pye-Smith will preside and give an address.
" 14.—An address by the Rev. A. H. Evans, of Christ Church, Westminster Bridge Road.
" 21.—Annual sermon in the Chapel. Preacher, Rev. W. R. Mowll, Christ Church, Brixton.
" 28.—An address by the Rev. Professor Shuttleworth. "Fellowship."
Nov. 4.—An address by the Rev. T. H. Darlow, of New College Chapel. "The Print of the Nails."
Nov. 11.—An address by the Rev. B. W. Clinch, of Emmanuel Church, West Dulwich. "The Christian Medical Student's service for Christ."
" 18.—Missionary meeting. Chairman, J. H. Targett, Esq., M.S.
" 25.—An address by W. H. T. Gairdner, Esq., of Trinity College, Oxford.
Dec. 2.—An address by J. W. Jordan, Esq. "Discipleship."
" 9.—An address by the Rev. E. Rae (Emmanuel Church, West Dulwich).
" 16.—Devotional meeting, with two addresses by students.

THE DEBATING SOCIETY.—President: F. W. Pavy, M.D., LL.D., F.R.S. Vice-Presidents: L. A. Dunn, M.S., F. G. Hopkins, M.B., B.Sc., and J. Fawcett, M.D. Secretaries and Treasurers: R. Howard, M.B., and S. J. Ormond; and a committee of six students.

The Debating Society is entering on its sixth year of existence, and its fourth as a constituent of the Clubs' Union. Meetings are held once a month on Saturday night in the Club smoking-room, when debates take place on some subject of polical, scientific, literary, or of general interest. The discussion of theological questions is prohibited.

At the end of the session there is a "Ladies' Night," which is largely patronized by the Staff and their families, the Sisters, and the Students of the London School of Medicine for Women. During the summer session there are no ordinary meetings, but there is an annual dinner, which is followed by an impromptu debate. The first meeting will probably take place on October 23rd.

All members of the Clubs' Union are requested to support the Society by attending the meetings, and if possible to take part in the debates, though no one will be called upon to speak against his wish.

Members who are willing to bring forward subjects for debate are requested to communicate with one of the secretaries.

THE GUY'S HOSPITAL GAZETTE is the journal of the Pupils' Physical Society, and is conducted by a committee of publication under the chairmanship of J. H. Targett, M.S. A student member of the committee is elected by them to act as sole and responsible editor during such time as the committee may please. The publication takes place fortnightly on Saturdays, from the library of the hospital, where copies may be obtained by all members of the Clubs' Union and by immediate subscribers to the GAZETTE, and this issue only is specially enlarged to 56 pages. The first number was "launched" on October 1st, 1872, and the GAZETTE is thus entering on its twenty-sixth year of existence. It was the first medical students' journal ever published in this country. It ran an uninterrupted course until 1879—the last number appearing in November of that year—or, for that

matter, in any other, so far as can be ascertained, and was then suppressed, rather from excess of zeal than from lack of material. The present "new series" was inaugurated in 1887, and since that time it has continued to flourish without a break. The original GAZETTE was a two-leaf publication and only had a small circulation in the hospital itself. It has attained to the proportion of 32 pages and has a circulation of over 1,500, the greater part, of course, amongst old Guy's men and nurses. This prosperity, as few men realise, depends largely upon the sound financial footing on which it is placed, and upon the business-like arrangements for its publication which are mainly due to the business staff of the hospital and medical school. It is for this reason that we publish advertisements, although studiously excluding them from the letterpress and so from the bound volumes; and it is partly for the same reason that we occasionally publish critiques of the chief matters advertised. As a result, other hospitals have envied our success and have endeavoured with the assistance of our business staff to follow our example.

The columns of the GAZETTE are open to contributions from all students, old and new, and from past and present members of the nursing staff; and here we cannot do better than quote from the editorial notice of October 1st, 1872: "We would ask all Guy's men to aid us with every information they think will be useful to their fellow-students. To the surgical, medical and clinical clerks we shall look for reports of remarkable cases; to the post-mortem clerks for notes of interesting autopsies, and to others, each in their several departments, for an account of such facts as they may come across in discharging the duties of their appointments, and may think likely to prove of value to others." To this we would add that reports of the various clubs and institutions now comprised under the "Clubs' Union" are always welcome. For news of matches, then, and information of various kinds concerning their respective committees, we must look to the various secretaries, who should make either themselves or some other suitable person responsible in the matter.

We would call their especial attention to the calendar of coming events, which is now published in every number. In order that this may be complete, secretaries of clubs and institutions are requested to furnish particulars of changes in, or additions to, their list of fixtures, not later than the Thursday morning of each week of publication.

Old Guy's men and nurses are asked to contribute matter of interest, whether technical or otherwise. Present students are requested to assist as suggested above; to be zealous in the writing out of cases for publication, and if possessed of the great gift of shorthand, to offer their services to take down and transcribe one or more clinical lectures for the GAZETTE at any time.

The columns of the GAZETTE are also open to any reasonable correspondence concerning grievances, improvements, or facts of interest, the writer's name being requisite as a guarantee of good faith, if not for publication. All contributions must be deposited in the editor's box in the colonnade, or addressed to the editor by post by Wednesday at latest in each week of issue.

THE REPORTS.—Edited by W. H. A. Jacobson, M.A., M.Ch., and E. C. Perry, M.A., M.D.

The first volume of the Guy's Hospital Reports appeared in 1836. The Reports are now published annually, and contain contributions upon professional and scientific subjects from the Staff of the Hospital and Medical School. The volume of the present year is the 53rd.

THE STUDENTS' CLUB.—President: P. H. Pye-Smith, M.D., F.R.S. Treasurer: C. J. Symonds, M.S. Hon. Secretary: J. Fawcett, M.D. Hon. Assistant Secretary: R. T. Fitz-Hugh. Committee: A. D. Fripp, M.S., G. B. Smith, B.S., F. J. Steward, B.S., F. S. Batchelor, A. J. Cleveland, V. E. Collins, H. A. Higgens, and the President of the Resident Staff.

A full account of the Students' Club rooms will be found in the Clubs' Union Blue Book, p. 48. We are asked to direct attention to the "smoking concerts" which are held every month under the supervision of the residents. In answer to our appeal last year, we were glad to see that some of our junior men took an active part in these concerts. We hope for more improvement in this respect during the coming season.

The residents will soon be thinking, doubtless, of the Christmas Minstrels; it should be remembered that the smoking concerts afford opportunity to those who wish to become one of the "Disguysed" to prove their worthiness.

GYMNASIUM.

The Pavy Gymnasium, which was built and furnished by the liberality of Dr. Pavy, is open daily for practice, and during the winter session a boxing instructor attends on each Thursday afternoon, and a gymnastic and fencing instructor on each Tuesday afternoon. At the end of the session a competition for prizes is held, and a display of gymnastics and boxing and fencing is given on the "Ladies' Night."

The course of boxing for the season 1897–98 will start with a lesson on Thursday, October 6th, while the first class in fencing and gymnastics will meet on the following Tuesday. Staff-Sergeant Young, who has for many years given entire satisfaction for his civility and efficiency as instructor in gymnastics and fencing, will this season teach the art of boxing as well, so that it is hoped by the committee that Guy's men, more especially new men, who have an all-too-short five years before them, will do their best to again bring Guy's to the front as champion hospital in the boxing competitions; and the committee also hope that sufficient new blood will be introduced this October to keep up the high standard of the annual assault-at-arms.

DONALD MUNRO, Hon. Sec. and Treasurer.

The Disguysed Minstrels' Club.

THE objects of the club are (1) to encourage and develope the musical and histrionic talents of the members. (2) To employ those talents for the pecuniary benefit of Guy's Hospital.

Only gentlemen who in the past or present have been connected with Guy's Hospital are eligible for membership, but friends of members may take part in the performances of the club when invited so to do by the committee.

New members are elected from time to time by the committee, on being proposed and seconded in writing by existing members of the club.

The annual general meeting of the club will be held on October 5th, when officers for the ensuing year will be elected. Nominations of new members should be sent in as soon after that date as possible.

J. A. REASIDE, Secretary.

The Lighter Side.

THE Editor of this worthy and influential periodical has set me down to the difficult task of describing the "entertainment" section of the lighter side of our sordid student-life. Feeling unfitted for the job, I should have refused had it not been for certain inducements held out by him—the same inducements that have led me to refer to the paper as worthy and influential.

First, then, the "Smokers," once the finest in London; about four years ago they got a little too fine and professional talent had henceforth to be excluded. After that followed a series of the dullest shows that one would care to think about, almost as dull as a West-end "hall." Last year, however, things looked up a bit, and we had quite a good smoker. This was given in the Dining-hall, and I hope, for the sake of all concerned, that we shall never return to that inferno—the Smoking-room. But there are still some obvious improvements that might be made and which I would suggest if I were asked—which I'm not. One is that the lighting should be decently arranged; footlights and even sidelights could be quite easily managed, and would be worth their weight in gold. Another is that a decent stage should be provided. All this would cost money, but if a shilling entrance fee were charged for one show, enough would be made to defray the entire expense.

When Christmas comes (as come it must) we have a series of ward concerts—and a ward concert often comes very near to a Penny Reading. These concerts are given for the benefit of the patients; this is a point that I should like to drive home, as it is often lost sight of—especially by the patients; the patients themselves are sometimes lost sight of in the crowd of visitors. Sometimes we fly very high, and give very "classy" concerts, full of Wagner and Tschaichowsky, and people of that stamp. I have on such occasions looked round with pity on the suffering faces of the destitute sick of Southwark, and plainly read on their drawn countenances the Borough equivalent for "O Lord! how long?"

We have also a Nurses' Choral Society, who sing vocal waltz's tra la la, and if you have a nice voice and behave yourself, you may stand at the other end of the room and sing with them.

Then there are the Disguysed Minstrels, for full particulars of whom, see above. This was an institution started by the residents to mark the fact that Christmas comes but once a year, but it has now been formed into a club for the making of money and the founding of cots, every cot as it is founded becoming the hospital property, and the minstrels having no further personal interest in it whatever. From an artistic point of view, the Disguysed Minstrels' entertainment is not ideal—no nigger show can be—but it is not such a bad show as one would suppose by the name. Why we use the name goodness only knows, and refuses to divulge under the usual prohibitive price, declining to make any reduction on behalf of a charity. It is satisfactory to know that the man who invented it has since done time. Much of the old talent of the club will be unavailable this year, and new talent will be wanted in its place. Therefore, let not modesty entangle the feet of the gifted, but let them discover themselves to the club and its committee. Good judges tell me that last year the show was good, as such things go, and average people thought it good without reservation. This standard of morality has got to be maintained, and I have, therefore, no compunction in thus unofficially advertising for talent. Last season we endowed one cot for ever, and two beds for a year, and saved a bit to go on with; we also gained the immediate patronage of royalty; further, we did our little bit to render memorable the Diamond Jubilee of Her Majesty Queen Victoria, by the introduction of some fine old specimens of early Victorian humour. To any who contemplate joining the club, I would say that though the shows are not all beer and skittles (the former being perhaps more abundant than the latter), still one gets a good deal of fun for one's money, and the time and trouble spent are not wholly unprofitable. The subscription to the club is five shillings, and I *have* known men who have paid it.

A. A. M.

Guy's Hospital Auxiliaries' Mess.

THE annual mess dinner will be held probably early in November, and a meeting will be held at an early date in the surgical class-room, to discuss arrangements. Every member is asked to do his best to be present on that date, and every man, enrolled during the past year, or new student already in some branch of Her Majesty's forces, kindly to send in his name and corps to H. Stanley Turner, Guy's Hospital, S.E.

The Antitoxin Unit—What it is.

By ALFRED SALTER, M.D., B.S., D.P.H.

THE unit used in the testing and standardizing of Antitoxin serums has always been a strictly arbitrary one, and at the present time there seems little hope of arriving at anything beyond a purely empirical value for expressing the prophylactic or curative qualities of an antitoxin. Behring's "normal unit," which has hitherto formed the basis of "Wertbestimmung" for the whole world, seems now, however, to be in a fair way to be supplanted by a new unit of Professor Ehrlich's, who proposes quite different criteria, and introduces entirely new relations between the toxine and the serum employed in the test.

Behring's normal unit may be defined as follows:—"A serum of which 0·1 c.c. neutralizes *completely* for a guinea pig of 250 grammes weight, a ten-fold fatal dose of toxin contains one normal or antitoxic unit per c.c."

I have said neutralizes *completely*. By complete neutralization is meant that not only does the serum save the animal from death, but also that not the slightest trace (Spürchen) of local reaction or inflammation shall occur at the site of inoculation. (Guinea pigs of 250 gr. weight must be used, as the amount of toxin required to produce the same effects in animals of different size varies directly as the body-weight.)

A few practical examples culled from the notes recording the testings of different batches of serum made by the B.I.P.M., may perhaps serve to illustrate how the number of units (as defined above) is calculated for any particular sample of serum.

In the following case the fatal dose of toxine (diphtheria) was 0·023 c.c. T stands for toxine, A for antitoxine.

G-pig 1. (0·23 T + ·0002 A) no effects at end of ten days.
G-pig 2. (0·23 T + ·00018 A) ditto
G-pig 3. (0·23 T + ·00016 A) ditto
G-pig 4. (0·23 T + ·00015 A) ditto
G-pig 5. (0·23 T + ·00013 A) ditto
G-pig 6. (0·23 T + ·00012 A) ditto
G-pig 7. (0·23 T + ·0001 A) ditto
G-pig 8. (0·23 T + ·00008 A) large local infiltration in 48 hours
G-pig 9. (0·23 T + ·00005 A) dead in 56 hours.

The above serum, therefore, contained more than 1000 units per c.c., but less than 1250 units. A second series of experiments had consequently to be made with quantities of serum between ·0001 and ·00008 c.c., the ultimate result being that ·000092 was found to neutralize completely the ten-fold lethal dose. This particular serum, then, contained not less than 0.1

$$\frac{}{\cdot 000092} = 1086 \text{ units per c.c.}$$

From the above it would appear as if antitoxin testing was a comparatively simple and mathematically precise process, which only required accuracy of measurement to ensure uniform results. Unfortunately, however, it has been found that the same serum will show different values when tested against different toxines, so that the next step in the evolution of the unit valuation process—or "Prüfungsart" as the Germans call it—was to secure the universal adoption of a single, definite, "standard" toxine, against the pathogenic effects of which all sera should be tested. Professor Ehrlich thereupon introduced his own special brand of toxine, the "Testgiftdosis" of which was 0·23 c.c., and nearly all European toxines have since been standardized to correspond to this. For example, in one case 0·3 of toxine A was found to have the same effect as 0·23 Ehrlich, whilst 0·115 c.c. was the corresponding dose of B, and 0·46 c.c. of C, and so on. A normal unit now became to be defined as follows:—"A serum of which 0·1 c.c. *neutralizes completely* 0·23 c.c. of Ehrlich's toxine (or the corrected dose of any other toxine, *e.g.* 0·3 c c. of A, 0·115 of B, and 0·46 of C) contains one unit per c.c." It will be noted what an entirely arbitrary quantity the unit really is.

Everything now seemed settled upon a secure basis, when this plan likewise was discovered to be unsatisfactory, and it was found that we were still far from attaining anything like uniformity of results. At this juncture, Professor Ehrlich has, within the last month, brought out an epoch-marking paper in the Klinisches Jahrbuch, in which he propounds yet another method, which will simply revolutionize our present procedures. Instead of adopting the absence of local reaction as the criterion of toxine-neutralization, Ehrlich relies solely on the occurrence of death within a given time. In addition, much larger mixtures of toxine and antitoxin are employed, so that from henceforth the new unit may be defined as follows:—"A serum of which 1 c.c., when mixed with 100 times the fatal does of toxine protects a guinea-pig of 250 grammes weight *from death within four days*, contains one unit per c.c."

The reasons for choosing death instead of local reaction as the dividing line are several. In the first place, the detection of a slight degree of subcutaneous infiltration is largely dependent upon the skill and sensitiveness of the experimenter, and this method may therefore be considered a subjective rather than an objective test. Secondly, when the toxine has been kept for some time, the lethal substance—"toxin" proper—becomes gradually converted into "toxoid," a body possessing no lethal properties, but one which induces profound local disturbances and intense effusion. For use in the human subject it is obviously most important that the antitoxin shall avail against the "toxin" rather than against the "toxoid," though the latter is probably the important factor in laryngeal affections.

I may add that the subject is further complicated by the discovery of a group of bodies termed protoxoids, epitoxoids and syntoxoids respectively, which have diverse properties, and exist in varying quantities in different toxines, whilst each possesses a different relation to the antitoxic substances. Moreover, the predominance of any one or any combination of these completely alters the neutralization point with different samples of antitoxin.

It remains to be seen whether Ehrlich's new test will be generally adopted by antitoxin experts, and whether determinations by its means will be any more uniform than by the old method. All I can say up to the present is that I have found that a serum containing 350 units per c.c. as shown by the old method turns out to have only about 180 per c.c. by the new.

The subject is an exceedingly intricate and abstruse one, and the further we go the more bewildering and insoluble seem the problems which present themselves. I trust, however, that I have been able in the above brief sketch to make clear the present position of the question, though I frankly confess that I have not yet met anyone who has quite divined the significance of Ehrlich's new bodies, the protoxoids, epitoxoids and syntoxoids.

Chapel News.

(CONTRIBUTED BY THE CHAPLAIN.)

We must begin by repeating what we said last year at the opening of the winter session. We trust that no one, however remotely connected with Guy's, ever looks upon the Chapel as anything else but a necessary part of that vigorous far-reaching organism known to us all as "*the* Hospital." It follows that all Guy's people, great and small, are welcome to attend the services as they shall see fit. By way of clearing the minds of some persons whose unpunctuality may perhaps be evidence that they do not know the *exact* hour of services, and for the information of all, we beg leave to re-state those hours:

Sundays: 7 a.m. (1st, 3rd, and 5th Sundays in the month), Holy Communion; 8.40 a.m. (every Sunday), ditto. 11 a.m., Morning Prayer, Ante-Communion and Sermon. 7 p.m., Evening Prayer and Sermon. N.B.—The Services at 11 a.m. and 7 p.m. are fully choral. *Thursdays and Holy Days:* 7 a.m., Holy Communion. *Daily:* 9 a.m., Morning Prayer (shortened).

Miss Maude Hill has resigned her post as "organist and choir master," and she accordingly played for the last time last Sunday. Almost directly after her marriage, which takes place on October 21st at Downton, she and her husband will go to Borneo, where he holds an appointment as engineer. We feel sure we express the thoughts of everyone whom she has helped in the worship of the All-Father, when we thank her most cordially for her most able and hearty services, and gratefully hope that the blessing of God may ever rest upon her and her husband in their new state of life.

We have also to gratefully acknowledge the kind assistance of Mr. Larkin and of Nurse Custance on three Sundays when Miss Hill was holidaying. Nurse Custance especially won our admiration by the skilful way in which at very short notice she handled an instrument which was almost unknown to her. All organ-players will appreciate the force of that remark. So will all other people who remember that scarcely two organs are built on the same plan; each one is a study in itself.

Following the general ecclesiastical arrangements for the future of Guy's Chapel, the new organist will be Dr. Richardson of S. Saviour's, Southwark. The choir boys accordingly began practising with S. Saviour's choir on Tuesday last in the vestibule of S. Olave's Church. The organ will, as a rule, be played by Dr. Richardson's deputy, and Mr. Larkin, the son of an old Guy's man, is to be the first to occupy that position.

Our Harvest Festival is to take place on October 17th this year. We shall be glad of offerings of fruit, flowers, and corn. They should be sent to the Matron's office and carefully marked as for the Chapel decorations.

We are so frequently asked what arrangements are possible for organ practice in Chapel, that we take this opportunity of making known that a key is kept in the Chaplain's house, and permission to use it is given to a limited number of persons who apply to the Chaplain.

Guild of St. Barnabas for Medical Students.

THE following notice has been forwarded to us by the secretary:—

The above Guild is now entering on its fourth year of existence. It was started in 1894 with the purpose of uniting together medical students, and assisting them to maintain a high standard of faith and practice in the exercise of their profession. Its objects are similar to those of the Guild of St. Barnabas for Nurses, and it is in close association with it.

Members must be communicants of the Church of England; they undertake to follow a simple rule of life and to attend the monthly meetings so far as possible. The meetings are held on the first Wednesday in the month at St. John's, Red Lion Square, Holborn, at 5.45 p.m. There is tea, which is followed by a short service and an address by the Chaplain, Canon Newbolt.

Any student wishing to join or desiring further information on the subject is requested to communicate with the secretary, Mr. B. E. G. Bailey, 14, Woburn Square, W.C., or with the treasurer, Mr. R. Howard, Guy's Hospital, or to attend one of the meetings, when he will have an opportunity of judging for himself of the work of the Guild.

Pass List.

University of Durham, September, 1897.

SECOND EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE.

G. Burton-Brown obtained Second Class Honours.

PASS LIST.—H. Braund, R. T. Brown, A. M. Thomas, T. J. A. Tulk-Hart.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE.

CHEMISTRY AND PHYSICS.—F. W. Sime.

Correspondence.

To the Editor of Guy's Hospital Gazette.

A Janitor of Former Days.

Dear Mr. Editor,—I am sure that very many of your senior subscribers will be more than pleased to possess a likeness of a man who in his day was "someone" at Guy's Hospital, and those who did not know him personally will be glad to make the acquaintance of such a character—for dear old Goldstone, as he was always called, and as I now like to think of him, was as good a man and trustworthy an official as ever belonged to the school of Guy's Hospital.

He held the difficult and responsible duties of "Janitor" for very many years, and I can assure you that he was warmly beloved by all the students—good, bad and indifferent—and respected by everyone who came under his influence.

He was a small man and somewhat in his frame bent. He always dressed in black with a tail coat, and generally wore a white tie. He had a face, as the photograph well indicates, which beamed with kindness, and a voice and manner which was gentle, fatherly and affectionate. Those who knew him, will, on looking at his likeness—which is a very good one—readily recall the pleasing smile of approval he was wont to give to those he called his "good boys," as well as the slow shake of his head which was associated with the gentle reproof he gave to his "bad boys" when they neglected their duties. And I can assure you that his gentle ways were far more effective, whether for reproof or encouragement, than the harsher methods which are not unknown. I, in common with all who knew him, hold his memory dear, and I shall be pleased if you can see your way to reprint his likeness, and add these few lines by way of comment, and oblige,—Yours sincerely,

65, Grosvenor Street, W., THOMAS BRYANT.
September, 1897.

Wanted a Bicycle Stable.

Dear Sir,—For some time past, and more especially during the last few months, much inconvenience has been caused to many and various people by the accumulation of bicycles within the entrance and corridors of the college. This is due to the fact that no provision has been made for the safe storage of these machines. A year or two ago the number of men who rode their bicycles up to the hospital was small, but of late the number has rapidly increased. Much risk of damage to one's machine and one's person has arisen from the superfluity of bicycles casually set down in the entrance to the college. Besides this, there is much temptation provided for "the man in the street" to abstract one or more of these machines at some opportune moment. It is hardly to be expected that the college porter would have time to be able to look after them. I would therefore wish to call the attention of the hospital authorities to this much-felt want, namely, the absence of a convenient shed or building, where the students can with safety store their machines.—I remain, yours faithfully,

HUBERT J. STARLING.

A Local Jubilee.

Dear Sir,—Might I call attention to an interesting event in our hospital life which appears to have been overlooked in this busy year of our history? Chatting with an old friend of our dissecting days—Mr. Betts—I ascertained that he, this year, completes his fiftieth year of service at the hospital, forty-seven of which have been spent at the museum dispensing bones to the young idea. Surely such an important event ought not to pass unnoticed, and I am sure there are numberless Guy's men, both past and present, who would be delighted to join in some project to do honour to one of our grand old men.—Yours faithfully,

JUBILEE.

The Medical Democrat.

Dear Sir,—I forward you a democratic paper, and all medical students, barring those who see a way to Brook Street, should be democrats, for the better wages the working people as a mass get, the better will be the income of doctors.

I have marked the paper on first column, because Guy's is a large landowner. Being so, does it not behove Guy's scientific school to see that each labourer on Guy's land should live in a cottage scientifically constructed, with proper water supply, proper sewage, proper garden

for utilizing same; that all farm buildings be also similarly constructed, so that cattle-tuberculosis and other diseases could scarcely occur; that cattle should have pure water, and soils be analysed? Medical students would acquire such practical knowledge that on being sent out into the world from Guy's they would go forth as men carrying beneficent gifts in their hands, not, as now, merely to save men from ills brought on by their ignorance.

In looking at the dietary of Guy's I see no mention of green vegetables and vegetable soups, and of fruits. Guy's land could produce these in abundance sufficient to supply all the hospitals of London. I have but a small garden; yet out of it for weeks my cook has made soup of peas, carrots, onions, lettuce, parsley, mint, thyme, equal to what Birch makes; and fruit tarts, puddings, or stewed or raw strawberries, raspberries, currants, gooseberries, apples; eggs and milk, too, could come from Guy's land to supply most of the hospitals.

And Guy's land might perhaps further benefit its patients, and get them well and fit for work much sooner than is now the case, by drafting the sick off to cottages on its own land so soon as the acute phase of illness had passed, where, in pure uncontaminated sunshine, health and strength and spirits would return. These are but a few hints.—Believe me, yours faithfully,

T. HOLMESTED.

Gladholm, Wellington Road, Bournemouth,
1st August, 1897.

[The paper referred to is *Reynolds' Newspaper;* the article one describing the filthiness of certain labourers' houses, ending with an appeal for "a crusade against the enemy of God and man," meaning landlords and perhaps Guy's Hospital amongst them. As an instance of modern fire-and-thunder journalism it is magnificent and exhilarating; but we regret to find that it is too great to be contained in the sober columns of a hospital gazette. —ED.]

Rugby Football.

DEAR SIR,—As this number of the GAZETTE is especially intended for the benefit of men who are just entering Guy's, a few words on the subject of Football will not, I trust, be out of place.

Football is a pastime which cannot be indulged in with any degree of pleasure or success unless one is perfectly fit. Now, at Guy's, men have no excuse for not being fit. We are exceptionally fortunate in having both a gymnasium and an excellent ground, which latter can be reached within twenty minutes' of the hospital. An hour in the gymnasium or at the ground in the middle of the week will do no harm to a man's work, and all the good in the world to his health and football.

The usual number of reports of brilliant players entering this session have gone abroad, and with them many of the players themselves. Fortunately, one or two are staying with us. But I should like to remind freshmen, who have not yet made reputations and who consider their chances of getting into the team somewhat remote, that many, if not all, of our most brilliant players of the last few years have made their reputations entirely at Guy's.

The height of a footballer's ambition at Guy's is to win the Inter-Hospital Cup. Unfortunately, that height has not been reached by any Guy's man in the last nine years. Now, as regards the prospects of winning the cup this season. Will the result be the same? "So near and yet so far." I trust not. We must do our best. That best is to get a team well together, keen, and, above all, fit.

We shall be glad to receive the names of any men who play football. Lists for that purpose will be posted in the smoking-room. F. C. WETHERELL.

Association Football.

DEAR SIR,—Now that we are at the beginning of another football season at Guy's, I think it a favourable opportunity for mentioning one or two important points. In the first place: to the average freshman there seems little chance at first of obtaining a place in either of the teams, owing to his not being known. The obvious remedy for this is for those freshmen keen on playing to turn up at the trial games (to be held this year on Saturday, October 2nd, and Wednesday, 6th). As a rule, these games are confined to old players, with one or two new men; and, consequently, the captain and committee, when making up the match teams, having no evidence of new talent, are obliged to fall back on the old hands. Freshmen are, therefore, asked to put down their names, with their usual position on field, on the lists posted in the smoking-room, colonnade or dissecting-room at the beginning of the session, the sides for the trial games being made up from these lists.

It has been suggested that on those Wednesdays on which there is not a match, a pick-up game should be arranged at Honor Oak. By this means, men who have escaped being selected for either of the teams would have opportunities for bringing themselves under notice. There is no reason why these games should not take place, if not on Wednesdays, on some other day, and if the men show sufficient keenness they can easily be managed.

With regard to the coming season, we have a good fixture list, and though we have lost three of last year's team, there should be no difficulty in raising an eleven equal in standard to those of previous seasons.

After all, keenness goes a long way towards the making of a strong team, and there is little excuse for men at Guy's not having that quality. There is a good gymnasium on the premises, open all day, in which men may train, and the club ground is within very easy reach.

Although we won the Inter-Hospital Cup last year, there was considerable room for improvement in the team, and it is to be hoped that this year we may not only win the cup again, but mend our bad points.—Yours, etc., R. W. B. HALL.

A Correction.

DEAR SIR,—I am much indebted to you for your kind congratulations in the last issue of the GAZETTE, nevertheless, I cannot allow myself to be given away to St. Thomas's, even if they would accept me, without a protest. St. Thomas's is no doubt a delightful hospital, but I originally chose Guy's, as being superior in most respects. Since then I have been more than satisfied with my lot, and have often been proud to consider myself a Guy's man. With apologies for troubling you.—Yours faithfully, MAURICE CRAIG.

Bethlem Royal Hospital, September 20th.

Vivisection.

(A letter written to the SUNDAY TIMES, under the heading "The Prince of Wales and Vivisection.")

Madam,—Under the above heading, Mr. A. L. Woodward, hon. assistant secretary Church Antivivisection League, wrote last week to the *Sunday Times* and asked two questions—(1) the possibility of a dog being unconscious under anæsthetic for 8½ hours? and (2) the possibility of a dog being free from pain and perfectly comfortable after a long and severe vivisection? On one occasion Dr. W. G. Rogers and I, when resident obstetricians at Guy's Hospital, continued for four consecutive hours a serious midwifery operation on a woman kept all the time under an anæsthetic. At the end of that time we stopped the anæsthetic though the operation was incomplete. The woman remained in deep sleep for three hours longer, when, without awaking her, we readministered the anæsthetic and completed our work, and the woman reawakened after twelve hours' total unconsciousness, during four and a half of which she was under operation. The operation saved her life, and she recovered rapidly and uninterruptedly without sickness, pain, or any untoward symptom. I think this example, honestly interpreted, answers Mr. Woodward's first question. His second scarcely deserves an answer, since, if he took the trouble to enquire at any hospital, he could easily discover that it is usual for patients who have been subjected to severe operations to be comparatively free from pain and comfortable afterwards; and I hope even the secretary of a vivisection society will not find this news unwelcome, though it will not be a useful contribution for a horrors pamphlet. If Mr. Woodward is a man who seeks the alleviation of suffering, whether in man or beast, I would remind him that the Pasteur Institute has saved the lives of far more men and cattle than the Antivivisection Society has of dogs and cats. It has abolished the fear, or at least the danger, of mad dog bites; it has greatly diminished the necessary mortality from diphtheria, and it has promise of still greater things in store. I maintain that while thousands of the natives of India die annually in agony from snake bite, and thousands more agonise over the loss of the dear ones thus sacrificed, the "Good Samaritan" is he who, like Professor Fraser (see *Standard*, August 19th) labours to save them, even though he gain the power at the cost of mice and guinea-pigs. The man who traps or poisons rats, eats hooked-caught fish or slaughtered cattle, shoots birds for sport, or by unkind or untrue words pains his fellow man is a vivisectionist whatever he may call himself. The scientific vivisectionist can afford, like the apostolic Christians, to bear the reproach of the vulgar, but a future generation, if not the present, will canonize such men as Pasteur and Hermann, and may be Starling and the Prince of Wales for furthering this second salvation. Almost every man who is saved by a serious surgical operation owes his life to past vivisection experiments. The ligatures which tie his severed arteries, the antiseptics which cleanse the wound and instruments, the anæsthetics which minimise the pain and shock, were tried on animals and proved efficient. The Antivivisection Society would put our surgery back into the middle ages, our patients into their graves, and give us in return a few stray dogs. The true Christian doctrine is, "Ye are of more value than many sparrows," and he is not a saint, but a savage, who thinks more of the whine of a dog than of the groan of humanity.—I am, Madam, yours obediently,

D. W. SAMWAYS, M.D., D.Sc., etc.

Eltham, August 19th, 1897.

The Black Man as Patient.

A MAKUA whose foot had been amputated was found the day after the operation, out of bed on the hospital floor, using the stump for progression. This, to a doctor fresh from Europe, and mindful of white patients under similar circumstances, unable to bear the bedclothes on the limb, and crying out if even the bed be jolted, was a revelation of the black man as a patient. As case after case presents itself, one becomes aware of the great difference of material under hand, in reaction to disease and to interference with the normal modes of life; a difference as great as that between the colour of the two races.

It is interesting to compare the two races, black and white, in their rôle of sufferers. One of the most striking differences is seen in the subjective symptom of pain. In trying to estimate the amount of pain felt by the negro, it is most necessary to distinguish the indications of fear, from those of pain; which latter, in addition, have to be discounted, owing to the fact that, as a rule, there is but little sense of shame attached to giving way to expressions of pain.

The gap between the more or less neurotic white man and the antelope which, wounded in the leg, will run for miles wearing smooth the protruding bones, is a big one. About midway between the two comes the nigger.

I can call to mind many instances of obvious absence of pain, which, to a white man, seem extraordinary. The case of the Makua, already mentioned, is perhaps the most

remarkable. A yao who had had three fingers taken off stole away early the next morning, to go on a machilla journey of some weeks, using the damaged hand freely. So, too, the expeditions of 1895 brought to light many instances of his callousness. Shells fired into a stockade unfortunately do not discriminate between men, women and children. They wound all alike. At Mlozi's women mortally wounded were going about picking up firewood, drawing water, and attending to their physical wants, women who the next day were dead. A little girl who had lost her leg, a few nours after the operation made her way to a pool, where she sat with the stump dangling in the muddy water, which she was splashing over it with her hands, singing all the time as though nothing was amiss. A coast man was brought up on the second day after the stockade was taken with a filthy wound of the thigh, out of which the upper half of the femur was protruding. The chloroform was all done, but he consented quite cheerfully to have it removed at the hip-joint without an anæsthetic.

The black man is an ideal patient for the dentist. His tooth takes some pulling, but he seems to enjoy it. Yet in face of all these facts it is strange that nothing is dreaded so much by the negro, as we know him, as the infliction of physical pain. The "chikoti," a strip of hide from a hippo's back, which hangs up in the verandah as a warning to all the servants, is the housekeeper's first and unfailing argument. When crockery falls to pieces in the boy's hands the chikoti falls on his back, and it is many a day before crockery develops that peculiarity again.

Pain, therefore, not playing so prominent a part as it does with Europeans, it follows that "shock" is much less pronounced.

These two points, the blunted feeling of pain and the absence of shock, give us some clue to the vitality, as a race, exhibited by the negro. So that one marvels less at the equanimity with which alternations of severe heat and cold are borne by a thinly-clad negro; at the stress of work and deprivation of food he can endure without seeming any the worse for it; at the way in which he adapts himself to various climates when it is his lot to leave his own country.

It may be argued against this, that the mortality from all causes amongst negro races is very high. This high mortality is probably due to the fact that the negro is peculiarly unable to withstand attacks of acute illness, such as consumption, dysentery, and the infectious diseases; though he will recover from wounds which would certainly be fatal to the white man.

A nigger has almost as many lives as a cat, and it is a difficult thing to kill him. One of our opponents, whilst running away, was shot in the back, the bullet traversing the abdomen and coming out in front; but he still ran on. However, another bullet in the thigh made him slacken his pace and allow one of our men to run up and put the finishing touch.

It will be gathered, therefore, that on the whole a negro makes a good patient, and where surgery is concerned a most excellent one.

When visiting a man who has just undergone a severe operation, and wondering whether he will be found alive or not, it is encouraging to see him rise out of bed and ask whether you have brought him the goat's flesh you promised.

There is a pathological peculiarity following the infliction of wounds in the negro. There is an excessive formation of fibrous tissue. The supervention of tetanus made it necessary once to remove a hand, the seat of a gunshot wound. It weighed about two and a half pounds, and the palm was one mass of fibrous tissue, only about two weeks after the injury.

That fashion, the basis of which is deformity, revels in the tough fibrous scars resulting from the self-inflicted cuts with which the African beau and belle delight to adorn the body.

But the sick negro, has many amusing ways. He lacks all sense of obedience and gratitude, and frets under restriction. Medicine still has the nature of a charm for him, so that it is difficult to persuade him that t.d.s. is not merely meant to annoy him.

Dying, he creeps out into the sun or hides away in the long grass, like some animal.

W. POOLE.

Appointments.

HOUSE APPOINTMENTS, OCTOBER, 1897.

The following appointments have been made by the House Committee, upon the recommendation of the Medical Committee:—

House-Physicians.—Messrs. W. E. Hills (Dr. Pye-Smith); H. P. Ferraby (Dr. Hale White).

Assistant House-Physicians.—Messrs. E. Fisk, H. T. Hicks.

House-Surgeons.—Messrs. A. W. Ormond (Mr. Howse); R. B. Stamford (Mr. Davies-Colley).

Assistant House-Surgeons.—Messrs. V. E. Collins, R. Howard.

Obstetric Residents.—Messrs. A. Earnshaw (October); G. K. Levick (November); T. L. Jackson (December).

MEDICAL SCHOOL APPOINTMENTS.

Clinical Assistant in the Medical Wards.—Mr. B. B. Gough (Dr. Pye-Smith).

Clinical Assistants in the Surgical Wards.—Messrs. C. W. Booker (Mr. Davies-Colley); M. H. Way (Mr. Lucas).

Clinical Assistants in the Medical Out-patients.—Messrs. J. E. Dupigny (Dr. Shaw); C. D. Outred (Dr. Washbourn).

Obstetric Out-patients' Clerks.—Messrs. J. B. C. Brockwell, T. W. S. Browne, H. C. Holden (1st half); J. Harris (2nd half).

Aural Surgeon's Dressers.—Messrs. M. H. Thornely and P. Turner.

Dental Surgeons' Dresser.—Mr. G. E. Richmond.

Assistant Physicians' Clerks.—Messrs. W. W. Harrison, G. N. Meachen, J. H. Roberts (Dr. Shaw); J. B. C. Brockwell, H. C. Holden (Dr. Washbourn).

Clerks in the Skin Department.—Messrs. H. Durbridge, F. E. Fremantle, A. B. Passmore.

Post-Mortem Clerks.—Messrs. J. H. Jones (November and December); T. M. Walker (December and January).

Surgical Ward Clerks.—Messrs. H. Braund, E. Stott.

Assistant Surgeons' Clerks.—Messrs. H. B. Foster, H. M. Reeve (Mr. Lane).

Clerks to the Anæsthetists.—Messrs. V. T. C. Bent, J. B. C. Brockwell, T. W. S. Browne, E. Fryer, H. A. Gaitskell, F. H. R. Heath, J. H. Jones, G. N. Meachen, A. G. Osborn, F. D. Turner.

Pathological Assistant to the Surgical Registrar—Mr. G. E. Richmond.

Externs.—Messrs. L. H. McGavin, A. R. Thomas, W. L. Baker, H. N. Clarke, R. H. J. Swan.

DENTAL APPOINTMENTS.

The following appointments have been recommended by the Dental Council, and approved by the House Committee;—

Assistant Dental House-Surgeons (for three months from the 1st October, 1897).—Messrs. J. K. Clark and R. Umney.

Demonstrators in the Conservation Room (for six months from the same date.)—Messrs. J. S. Farnfield, E. N. Mason, T. F. Ryan.

Dressers in the Gas Room (October).—Messrs. P. S. Campkin, C. F. Witcomb.

Dressers in the Ordinary Extraction Room (October).—Messrs. J. R. S. Ash, J. S. Farnfield, A. J. Gwatkin, L. C. A. Knight, H. W. Morris, M. P. Nathan.

Junior Dressers in the Conservation Room (October).—Messrs. E. R. Howlett, F. Warlow, J. A. Whittington.

CIVIL.

Gowan, B. Campbell, L.R.C.P. Lond., M.R.C.P., has been re-appointed Medical Officer of Health by the Hendon Rural District Council.

Hitchins, F. C., L.R.C.P. Lond., M.R.C.S., has been appointed Assistant House Surgeon, Royal Hants County Hospital.

Smart, W. P., L.R.C.P. Lond., M.R.C.S., has been re-appointed Medical Officer by the Hoxne Rural District Council.

MILITARY.

Barrow, F. E., Surgeon-Lieutenant-Colonel, retired pay, has been posted to Woolwich.

Brereton, F. S., M.D., Surgeon-Lieutenant, has been selected for appointment to the Scots Guards as attached Medical Officer.

Daniell, G. W., Surgeon-Lieutenant-Colonel, Dorset (Queen's Own) Yeomanry, has resigned his commission, with permission to retain his rank and uniform.

Keiffenheim-Trubridge, Luigi W. A., M.D., 3rd Kent Volunteer Artillery, is transferred to the Militia Medical Staff-Corps.

Rendall, W., Surgeon-Lieutenant, Dorset (Queen's Own) Yeomanry, is promoted to be Surgeon-Captain.

Sport.

Cricket.

REVIEW OF THE SEASON.

The season which has just come to a close may fairly be said to have been a successful one; the old standard of keenness has been well maintained, and all have worked hard for the final triumph which crowned their efforts, namely, the winning of the cup. The record of matches won would be even better if time had not on two occasions at least, both against Brentwood, deprived us of an almost certain victory. Of the matches lost, that against Surbiton was lost only by a small margin, but those against Croydon and Beckenham resulted in crushing defeats. The best wins were against Crystal Palace and Eastbourne, and of course against University College Hospital in the final Cup tie. To make 187 for 8 wickets in the fourth innings would be always a good performance, but on a wicket like that at Winchmore Hill, it was one of the best ever done by the Hospital.

To turn to individuals. The old members of the team are still well to the fore in both batting and bowling, and Clarke has again shown what a thoroughly useful performer he is all round, though Alexander has deprived him of first place in batting. Wetherell and Nicholls have scored and bowled fairly consistently throughout. Fortunately for the future the new men have proved useful, and it rests with them to see that the Cup, which has at last returned to its old home, shall not be allowed to wander away again. And if they will only keep up the form and the keenness which they have shown in the past season, that ought not to prove a too difficult task for them.

Season, 1897.

Results.—Matches played 15; won 6, lost 5, drawn 4.

Cup ties, first round a bye. Second round *v.* St. Mary's, won (Guy's 161, St. Mary's 86). Semi-Final *v.* Westminster, won (Westminster scratched). Final *v.* University, won (Guy's 151, 187 for 8 wks.), University 204 (130).

Batting Averages.

	Runs.	Innings.	Times not out.	Highest score.	Average.
K. B. Alexander ...	559	17	1	100*	34·9
A. E. Clarke ...	585	18	0	167	32·5
F. J. Nicholls ...	416	15	1	64*	29·71
F. C. Wetherell ...	347	14	1	83	26·69
H. Durbridge ...	233	13	3	63*	23·3
J. M. Brydone ...	135	6	0	52	22·5
L. Humphry ...	268	14	1	56	20·61
H. M. S. Barker ...	54	5	2	22*	18·0
A. Hughes ...	80	5	0	24	16·0
G. P. Joy ...	134	12	2	37	13·4
K. V. Trubshaw ...	109	10	0	37	10·9
F. D. S. Jackson ...	60	8	2	28	10·0
C. Cowper ...	31	8	3	23*	6·2
T. Morgan ...	41	9	2	24	5·85

Also batted:—E. G. Goddard, 1, 0, 14, 4. C. Whitcomb, 12, 0, 6*, 4·1. E. Cohen, 0, 1. 10*. G. Palmer, 0, 0, 8. H. Grellet, 1, 1. F. R. Featherstone, 4, 0. W. J. Hancock, 24. F. E. Walker 9. M. C. Wetherell, 7. J. Harris, 4*. R. T. Fitz-Hugh, 0*. E. D. Hancock, 3.

* Denotes not out.

BOWLING AVERAGES.

	No. of Overs.	Runs.	Wickets.	Average.
E. G. Goddard ...	33	76	6	12·66
F. C. Wetherell ...	140	273	19	14·36
A. E. Clarke ...	400	912	59	15·45
C. Cowper ...	130	280	18	15·55
A. Hughes ...	27	96	5	19·2
F. J. Nicholls ...	243	678	30	22·6
G. P. Joy ...	187	448	15	29·2
K. B. Alexander ...	56	197	5	39·4

Also bowled:—

	Runs.	Wickets.
W. J. Hancock ...	39	2
C. Whitcomb ...	32	2
H. M. S. Barker ...	30	0
K. V. Trubshaw ...	34	0
W. G. Palmer ...	11	0
T. Morgan ...	7	0

Guy's Hospital Lawn Tennis Club.

THE season 1897, though it brought us no new talent, has been marked by greatly increased keenness, and, on the whole, the club has done much better work than last season. Of 16 matches played, we have won 7 and lost 9, a record which 1898 must see considerably improved. In the cup-ties we beat the London by 8 points to 7, but in the next round went down to St. George's by the odd event. Next season, with the same keenness, with much improvement in the singles, and with a third pair who have seen each other before, we should have a good look-in for the cup, which is now reposing in Bart.'s, and which Guy's last held in 1892. The club have much to thank the president and vice-president for the handsome challenge cup which they have so kindly presented, and which should give just the encouragement to the singles which that branch of the game so greatly needs.

LIST OF MATCHES PLAYED.

			Points.
May 8.—v. Boundaries ...	Won	...	6—3
„ 12.—v. Chiswick ...	Lost	...	1—7
„ 15.—v. Hornsey ...	Won	...	5—3
„ 19.—v. Albemarle ...	Lost	...	0—9
„ 22.—v. Barnes ...	Won	...	7—1
June 7.—v. The Past ...	Won	...	8—7
„ 12.—v. Surbiton ...	Lost	...	0—9
„ 16.—v. Chiswick ...	Lost	...	1—3
„ 19.—v. Sydenham ...	Won	...	6—3
„ 28.—v. *The London ...	Won	...	8—7
„ 30.—v. *St. George's ...	Lost	...	7—8
July 3.—v. Mr. Basil Brown's Team ...	Lost	...	3—4
„ 17.—v. Weighton ...	Won	...	5—4
„ 28.—v. Boundaries ...	Lost	...	4—5
Aug. 7.—v. Dr. Goodall's Team ...	Lost	...	2—3
„ 16.—Mr. Guy Robins' Team ...	Lost	...	1—8

* Denotes Inter-hospital Cup.

From the Gazette's Special Pathologist.

NOTICES.

E. R. M., HASTINGS.—Tubercle bacilli are present in the sputum in very small numbers.

A. H. W., MIDSOMER NORTON.—Tubercle bacilli are present in the sputum in fairly large numbers.

T. W. L., WOOLWICH.—Tubercle bacilli are present in the sputum in small numbers.

T. W. L., WOOLWICH (marked T).—The casts present were mostly hyaline or faintly granular. A few were definitely granular, and one or two were seen which had epithelium cells attached.

W. E. T., NOTTINGHAM.—The growth from the uterus has the structure of a columnar-celled carcinoma infiltrating the muscular tissue of the uterus.

H. B., BUILTH WELLS.—Tubercle bacilli are present in the sputum in fairly large numbers.

H., REIGATE.—The spleen shows a very large patch of capsulitis on its convex surface, which is nearly a quarter of an inch thick. But the substance of the organ is quite healthy.

T. D. H., ABERYSTWYTH.—"Morning." Reaction—very faintly alkaline. Sp. gr. 1007. Blood and sugar absent. Albumen, a trace only. Microscopic examination of the centrifugalized deposit shows it to consist of pus cells, together with some squamous epithelium. No crystalline forms could be detected. Tube casts also appeared to be absent.

T. D. H., ABERYSTWYTH.—"Evening." Reaction—hyperacid. Sp. gr. 1013. Sugar absent. Albumen, a trace. Microscopic examination of the centrifugalized deposit shows it to consist of pus cells and large squamous epithelial cells. In neither specimens are there any cellular elements or particles suggestive of malignant growth. We are unable to detect either renal tube casts or crystals.

PATHOLOGIST.

Birth.

HARRIS.—On September 21st, at 1, Holy Innocents' Road, Hornsey, the wife of E. Bernard Harris, M.R.C.S. Eng., L.R.C.P. Lond., L.S.A. of a son.

Marriages.

BLACKLER—ADAMS.—On September 8th, at St. Mary the Virgin, Primrose Hill, Henry John Blackler, M.B. Lond., of Redhill, to Sybil Mary, daughter of W. Bridges Adams, M.R.C.S., etc., of Belsize Park.

MANNING—COLES.—On September 1st, at the Priory Church, Malvern, Thomas Davys Manning, M.B., B.S. Lond., of Hoddesdon, Herts, to May, only daughter of the late Colonel C. H. Coles, Bombay Staff Corps (9th Bombay Infantry).

Death.

HALL.—On August 30th, at 75, Lansdowne Place, Brighton, Alfred Hall, M.D. Edin., F.R.C.P. Lond., aged 85 years.

ED.—F. E. W.

Hospital News.

CLASSIFIED LIST OF CASES.

In the Medical Wards.

Circulatory System.

MARY 7. Mitral stenosis.
10. Mitral stenosis and regurgitation. Hypertrophied right ventricle.
17, 25, 26, 32, 41. Mitral regurgitation.
20. Aortic regurgitation and mitral stenosis.
30. Mitral stenosis, and regurgitation. Aortic regurgitation.
45. Chlorosis.

PHILIP 4. Aortic and mitral regurgitation.
5. Aortic regurgitation. Abdominal aneurysm.
16. Aneurysm of thoracic aorta.
17. Mitral regurgitation. Dilated heart.
19. Ulcerative endocarditis.
21. Mitral regurgitation.
23. ? Aneurysm of thoracic aorta.
39. Aortic stenosis and mitral regurgitation.

STEPHEN 18. Aortic regurgitation. Mitral stenosis and regurgitation.
20. Mitral regurgitation.
21. Mitral regurgitation. Hypertrophied heart.
22. Aortic stenosis and regurgitation. Mitral regurgitation.
34. Aortic regurgitation. Abdominal aneurysm.

Nervous System.

MARY 18, 49. Alcoholic neuritis.
42. Anorexia nervosa.
44. Chorea.

PHILIP 10. Right hemiplegia. Cerebral embolism.
14, 35. G.P.I.

STEPHEN 12. Paraplegia.
27. ? Syringo-myelia.

Alimentary System and Abdomen.

MARY 12. Ascites. Cirrhosis of liver.
15. Gastric ulcer.
27. Ascites. ? Tuberculous. ? Malignant peritonitis.
36. Jaundice. Malignant disease.

PHILIP 11. Typhoid fever.
20. Anæmia. Abdominal abscess passed per rectum.
28. Ascites. Chronic alcoholism.
29. Œsophageal growth.
36. Cirrhosis of liver. Phthisis.

STEPHEN 4. Ascites. Enlarged liver.
8. Sub-diaphragmatic abscess.
15. Epithelioma of œsophagus.
25, 32. Appendicitis.
34. Ascites. Cirrhosis of liver.

Genito-Urinary System.

MARY 3, 8. Diabetes mellitus.
6. Moveable kidney. Nephrorraphy.
29, 30. Chronic tubal nephritis.

PHILIP 15. Albuminuria.
17. Albuminuria. Chronic nephritis.
26. Diabetes mellitus.
28. Acute nephritis.

STEPHEN 36, 38. Acute nephritis.

Respiratory System.

MARY 13, 16, 22, 23. Phthisis.
19. Fibroid lung and bronchiectasis.

PHILIP 2, 6. Phthisis.
13, 22. Chronic bronchitis and emphysema.

STEPHEN 1, 7. Phthisis.

Miscellaneous.

MARY 1. Eczema.
2, 34, 39. Acute rheumatism.
38. Anasarca. Albuminuria.
46. Osteo-arthritis.

PHILIP 8, 12. Gout.
40. Tuberculous right knee and testis.

STEPHEN 3. Polyarthritis.
10. Tuberculous left knee and left testis.
21. Lupus vulgaris.

In the Surgical Wards.

CASES UNDER MR. HOWSE.

NAAMAN 5. Tubercular disease of clavicle, involving brachial plexus.
8. Nævo-lipoma of scalp.
15. Malignant disease of rectum. Inguinal colotomy.

CASES UNDER MR. DAVIES-COLLEY.

LUKE 2. Recurrent melanotic sarcoma of axilla.
12. Spermatocele.

LYDIA 3. Int. capsular fracture neck of femur.
23. Talipes equino-varus.

CASES UNDER MR. GOLDING-BIRD.

CORNELIUS 2. Old amputation through hip. Injury to stump.
9. Compound fracture of ilium.
15. Fractured patella. Wired.

MARTHA 2. Carcinoma of rectum. Colotomy.
6. Extensive burn, 4th degree.
17. Fracture of lower end of femur into knee-joint.
18. Fractured ribs and injury to abdomen. Ruptured kidney.
19. Extra capsular fracture of neck of femur. Colles' fracture.
22. ? Mastoid.

Cot C. Contraction of fingers following burn.

LAZARUS 7. Mastoid. Subdural abscess.
8. Acute retention of urine. Stricture.
10. Abdominal hernia after operation for appendicitis. Sloughing of skin and protrusion of omentum.
11.—Traumatic stricture of urethra.
12, 13. Enlarged prostate.

CASES UNDER MR. LUCAS.

ASTLEY COOPER 27. Fractured ribs. Ruptured horse-shoe kidney. Operation.

LYDIA 12. Tubercular knee.
15. Tubercular epiphysitis of hip.

JOB 6. Tubercular ulceration of legs. ? Tubercular kidney.
8. Inguinal hernia. Ruptured adductor longus.
17. Musculo-spiral paralysis following fracture of humerus.
20. Removal of internal semilunar cartilage of knee.

CASES UNDER MR. DUNN (MR. FRIPP).

LAZARUS 1. Hæmorrhage per rectum. ? Malignant disease of colon.
3. Gangrene of foot following traumatic aneurysm of femoral artery. Stephen Smith's amputation.

"Clinical."

JOHN 2. Colic. ? Lead.
3. Typhoid, convalescent.
4. Pleuritic effusion.
5. Typhoid.
6. Fits. ? Epilepsy.
7. Typhoid, convalescent.
8. Pneumo-thorax.
11. Angina Ludovici. Tracheotomy.
12. Typhoid.
13. Appendicitis. Operation.
15. Syphilitic laryngitis. Tracheotomy.
16. Rheumatism.

MIRIAM 17. Congenital chronic intestinal obstruction Colotomy.
18. Bronchitis. Bronchiectasis.
19. Tubercular peritonitis. Fæcal abscess. Operation.
21. Appendicitis.
22. Aberrant renal calculus. Operation.
23. Appendicitis. Operation.
25. Acute nephritis, age 4 years.
26. Mitral regurgitation.
27. Appendicitis. Secondary sub-diaphragmatic abscess. Operation.
28. ? Appendicitis.
29. Mitral stenosis. Bronchitis.
30. Hemiplegia. Gout.
32. Rheumatism.
33. Marasmus.
34. Diphtheritic paralysis.
35. Empyema. Septicæmia.
36. ? Malaria.

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Calendar of Coming Events.

October.

Sat. 9.—Mr. Lucas' take-in; Drs. J. L. Payne and W. H. M. Telling; Cl. A. J. Cleveland.
1·15 Clinical lecture by Dr. Hale White.
G.H.R.F.C., Trial game, Honor Oak.
G.H.A.F.C., I., Idlers, away.
II., Old Cranleighans 2nd, home.

Tues. 12.—Meeting of Dental Society at 4·30 p.m.
Second part Camb. D.P.H. Exam. begins.
Meeting of Guy's Volunteers at 1 p.m., in the Surgical Class-room.
Meeting of Guy's Hospital Missionary Society, address by Rev. John Macgowan, of China, at 8 p.m., in the Board room.

Wed. 13.—Third Conjoint Exam. begins.
1·30 Clinical lecture by Mr. Davies-Colley.
Mr. Golding-Bird's take-in; Drs. J. Harris and T. P. Berry; Cl. W. N. East.

Thurs. 14.—G.H.C.U., Address by the Rev. A. H. Evans, of Christ Church, Westminster Bridge Road, 4·30 p.m.

Fri. 15.—Schedules for L.D.S. Eng. to be left at the Medical Office, with the Certificate of Mechanical Dentistry, signed, not later than this date.

Sat. 16.—1·15 Clinical lecture by Dr. Hale White.
G.H.R.F.C., I. Lennox, away.
II. Lennox, home.
G.H.A.F.C., I. Old Harrovians, home.
II. Eltham, away.
G.H.P.S. Clinical evening.

Wed. 20.—1.30 Clinical lecture by Mr. Davies-Colley.
Mr. Howse's take-in; Drs. R. J. Pritchard and H. S. Crapper; Cl. R. T. Fitz-Hugh.

Thur. 21. - G.H.C.U. Annual Sermon in the Chapel, by Rev. W. R. Mowll, Christ Church, Brixton.

Sat. 23.—1·15 Clinical lecture by Dr. Hale White.
G.H.R.F.C., I., Old Leysians, away.
II., Marlboro' Nomads, home.
G.H.A.F.C., I., Cheshunt, away.
II., London Hospital II., home.

Guy's Hospital Gazette,

OCTOBER 9, 1897.

Opening of the Winter Session at Guy's.

FIRST MEETING OF THE PHYSICAL SOCIETY.

Reverting to the old order of things, the commencement of the new session was celebrated by a more or less informal, and therefore extremely enjoyable meeting of the oldest of the students' clubs connected with the hospital. We mean, of course, the Physical Society, the minutes of whose meetings we were informed during the evening are absolutely complete from 1780 onwards. Previous to the gathering in the spacious new theatre, the usual house dinner took place in the dining hall of the club, at which somewhat over a hundred Guy's men, old and new, including Sir Samuel Wilks, the Treasurer, and many of the staff sat down. Mr. Charters J. Symonds, as senior member of the Clubs' Union (next to Dr. Pye-Smith, who was unavoidably absent), was in the chair, and he proposed the only toast of the evening, namely, "The Queen." After doing so he alluded to Dr. Pye-Smith's absence, explaining that he was at Sheffield opening the new medical college there, and then thanked Sir Samuel Wilks and Mr. Bonsor for their presence at the dinner, and concluded with words of welcome to all those men about to enter the hospital for the first time.

Shortly after eight o'clock an adjournment was made to the new buildings, where many had already assembled, and long-continued applause greeted Sir Samuel on his entering to take the chair. He was supported by Drs. Pavy, Pye-Smith (just returned from Sheffield), Taylor, Shaw, Bryant and Stevens, and Messrs. Davies-Colley, Golding-Bird, Dunn, Targett and Tom Bird, and Professor Groves. Of the two hundred and sixty odd present in the theatre, there was a far greater percentage of old Guy's men than is usual. After the minutes of the last meeting had been read and confirmed,

Sir Samuel Wilks, whose rising was the signal for another outburst of applause, said that when he was once more asked to open the new session at Guy's, he had thoughts of framing an address, but after consideration had concluded that it would be of no use whatever. He would have had to deal with those generalities and platitudes, which always comprised an opening lecture, and he said that a lecture by anyone, *e.g.*, Sir Joshua

Reynolds to art students, which any could look up and read, would do quite as well. Everyone knew they had to be hard-working and earnest, imbrued with every detail of the multifarious subjects, which went to make up the medical profession, that if they kept to the right they would always prosper, that if they didn't they would not, and so on. But, the speaker asked, why did men enter the profession at all? It could not be because they liked it. No man could tell whether he cared for the work until he had been at it for some time. The solution to him seemed to be that the whole course of medical study was one of such absorbing interest, and he compared it with the law, much to the latter's detriment. He mentioned the fact that such numbers of the great men of the universities, the professors of anatomy, physiology, botany, biology and such varied subjects, men like Huxley, Owen and Stirling, all started as medical students, and after that took up the different branches of the work to which they had been introduced during their course. When men go into the world to earn their living, the differentiation begins. The plodding man is content to plod on, but he is nevertheless happy; the scientific man works at his especial branch and enjoys it. Men who do not perhaps excel while at the hospital become excellent practitioners. Some men pass rapidly through all the stages of a great professional light, the walking-stick stage, the gig, and finally the phaeton and pair stage, while others perhaps never reach this lofty pinnacle. Nevertheless he assured all that however a man was situated, there was a degree of happiness and enjoyment to be attained by the medical man that no other profession could hold out. A man might, of course, become an honoured man of the town in which he resides, perhaps be made mayor, and so forth, and probably have the whole town following him to his grave; well, that might be a very honourable position to hold, so the speaker thought.

However, there was a very practical side of things. If the medical profession was to be elevated it was not by correction; the trouble came in after that. What was wanted was medical men walking absolutely straight, and leading lives of integrity. The great danger was the tendency to try and get on in the world. Then came the question of physic giving. When therapeutics came to be founded on a really scientific basis there would be an end to all quackery. At present it was not so, and the speaker referred to Dr. Lander Brunton's article on Scientific Therapeutics and advised all to read it. Nowadays the idea seemed to be that where there was wrong there was a corresponding right, where there was disease there was a remedy for it, and all we have to learn is how to apply that remedy. This is the foundation of homœopathy, the treatment of symptoms, the pathology of the various cases being entirely ignored. Many a man nowadays thought that he was practising on scientific principles, and Sir Samuel then referred to the extraordinary prescription quoted in a recent number of the Gazette. He said it was quite clear to him what kind of patient the author of the prescription was dealing with, and he enumerated the various symptoms: cough, pain in the limbs, quickened pulse, thick urine, weakness, treated respectively with Acetate of Ammonia, Potassium Iodide, Digitalis, Squill, and Spiritus Ammoniæ Aromaticus, together with Ipecacuanha as an expectorant, Senega as a tonic, Tinct. Chlorformi Co. to combine the lot, with a little Aqua Menthæ Pip. thrown in in case of wind, which latter brought down the house. Finally, the speaker said, everyone would tell them that the profession was overcrowded and that some men didn't get on; well, that was the men's own fault. When that happened, as a rule, it was found that the man had been leading a wrong life. If there was one fact that he would impress on men above all others it was this, that the moral law was as certain now as it ever has been, that what a man sows that he will also reap. The law remains and the results follow as sure as fate. As Dr. Wilson Fox recently said, the surest road to success was for all to live a strict and regular life, to have a high standard of right and wrong, and to stick to it. Some men Sir Samuel knew were absolutely incapable of doing so, and he traced the course of a man he had known, first as a medical student, then as a book agent, then a tea agent, then a knuckle-duster agent, then a grocer, and finally the man became blind and turned poet. This was the sort of man he pitied. One thing he never forgot to say to all men entering the hospital, and that was, in the words of Lord Bacon, every man has a duty that he owes to his profession. As soon as a man had signed his name in the Guy's books, he was no longer a free man, but he owed a duty to his hospital that he was in honour bound never to forget.

Sir Samuel then called on Dr. Muspratt, of Bournemouth, for his paper

ON SOME OF THE DIFFICULTIES AND DANGERS OF GENERAL PRACTICE.

Sir Samuel Wilks and Gentlemen:—I beg first to offer my sincere thanks to the Presidents of the Physical Society for the very unexpected, and I fear the very ill-deserved, honour they have done me in asking me to deliver this opening address. I must confess that on receiving their kind request my first thought, prompted by a deep sense of my own unworthiness, was to evade the responsibility by pleading a prior engagement for an interesting event which I had calculated would take place yesterday or to-day, but which fortunately terminated satisfactorily about a week ago.

On further reflection, however, this evasion seemed to partake of the nature of moral cowardice, and to be a poor return for the kindness shown me, so I accepted the invitation, though with many misgivings that after this evening you will be of the opinion that second thoughts are not always best. My next difficulty was the choice of a subject. In such a place and with such an audience it would be obviously presumptuous in me to discuss matters medical or surgical—in fact, I should hesitate to be didactic on any subject, but I thought that having been some years in general practice I might point out

some of the difficulties and dangers which the general practitioner may meet with. These I have arranged under the headings Medical, Ethical, and Legal, though it is obvious that the boundary lines are not very distinct, and that some of my examples might be included under more than one heading.

To commence with medical difficulties, I well remember my sensations on taking my first locum, when the holiday-bound practitioner, after giving me a few particulars about his patients, had gaily driven off in a sporting check-suit with a big cigar. I sat in his consulting room dreading a ring which I felt sure would summons me to some fearful case of poisoning for which I should not remember the treatment, or to some obscure nervous disease for which I should not even be able to find a name. To equip myself more fully for these terrible eventualities, I at once started a feverish course of reading, the room possessing a fair medical library. In the course of half an hour or so the dreaded ring came, but I did not find that my researches on Ptomaine poisoning and Thomson's disease were absolutely essential to help me to lance a baby's gum, this being the object for which I had been called.

Difficulties of diagnosis and difficulties of treatment, however, we all must meet with, and the more thoroughly and honestly we have done our hospital work, especially the clinical part, the better equipped we shall be to meet them. In general practice one has, as a rule, more time to form an opinion than in hospital work, and with carefulness and patience most grave mistakes may be avoided. It has been well said that more mistakes are made from want of care than from want of knowledge, and you will find that brilliancy is a poor substitute for thoroughness. Do not think it is always necessary to give a definite diagnosis the first time you see a patient. Most laymen have learned by sad experience that medicine is by no means an exact science, and they will think none the worse of you for a little honesty and caution.

A fellow student of mine on taking a locum soon after he was qualified, was called to a case in which the patient was very ill, and the history somewhat misleading. He thought the relatives were suspicious of his youth, and being asked his opinion of the illness, plumped for pneumonia, with an assumption of confidence he was far from feeling. In the course of a few days the case proved to be one of typhoid, but he did not dare to admit his error, and for a fortnight or so lived in daily dread that a consultation would be demanded and that his mistake would be exposed. Sometimes, of course, a decision must be come to at once, and a mistake on your part may entail the gravest consequences, not only to the patient, but also to his friends. For instance, an overlooked case of diphtheria or scarlet fever in a school may bring ruin on the school-master, and an amount of discredit on yourself that it will take you years to get over. Here again caution is a cardinal virtue—however inconvenient it may be, insist on having a suspicious case isolated—it is far better for all parties that you should isolate a simple tonsillitis or roseola than that you should risk the possible spread of diphtheria or scarlet fever. To you, no doubt, with your improved facilities for attending fever hospitals, rashes will not be the terror they were formerly to the young practitioner, who was lucky if he saw a couple of cases of scarlet fever or measles before he was let loose on the long-suffering public, but even to you cases of difficulty may arise, particularly in the mildest forms of these diseases. Out of many such I might mention two that have lately come under my own notice. In one a boy had diphtheria so mildly, that a particularly anxious and careful mother did not even send for a doctor till some paralytic symptoms appeared, with the result that two other persons in the house took the disease; in the other I was called in consultation to a boy who was very dangerously ill with scarlet fever, on enquiring into the case I found that a young man was staying at the house on a visit, having been sent down from town by his doctor with a slight sore throat to be out of the way of infection from his brother who had scarlet fever. While we were in the house this young man came in from a walk, in the course of which he had been for a ride in an omnibus, and on examining him we found he was peeling freely, so in spite of his assertion that he was quite well and had never been ill, we were able to ensure his no longer continuing to spread infection broadcast. While on this subject I might mention that persons partially protected by a former attack may acquire some of the exanthemata in a modified form, the typical rash perhaps being quite absent. These persons probably are able to pass the disease on to others, and with them the question of insisting on measures of isolation and disinfection is a very difficult one.

In an outbreak of scarlet fever among the children of the proprietor of a large hotel, one of the employees, who had had the disease before, had a slight temperature and a typical throat, but no sign of any rash on the skin. I was able to persuade her to go with the children to a fever hospital, and thus to avert a grave risk of spreading the illness. Modified small-pox in vaccinated persons may present a similar difficulty. I remember a woman attending the out-patient department here who had a few papules, which the authorities decided were certainly those of modified small-pox. She said she felt quite well, and was very indignant and incredulous when told what she was suffering with. In fact, it was only by dwelling on a possible criminal prosecution that she could be prevented from travelling home by 'bus as usual. In another case that came to my knowledge, a lady staying at an hotel was treated for what was thought to be an attack of chicken-pox, but what from information of her previous surroundings, obtained some weeks later, was almost certainly small-pox. Fortunately, no ill-results followed from this mistake in diagnosis.

Another difficulty that constantly arises is that of deciding when all danger of infection is over in the acute specific diseases. Books give us very little help in answering this important question, and until our knowledge of the life-history, inside the body and outside the

body, of the specific organisms to which these diseases are due is much greater than at present, we must speak with a good deal of caution. This point is well exemplified by a case which lately came under my notice. Two cases of diphtheria occurred simultaneously in a school. No reasonable explanation could at first be found for the outbreak; there were no other cases in the neighbourhood; the drains were found in good order; there was no reason to suspect the milk supply, and besides, this was always sterilized on coming into the house; the drinking water even was always boiled. In the course of my inquiries, however, I found that one of the boys had had diphtheria about a year before. More with the idea of exhausting every possible source of contagion than with the expectancy of hearing any important discovery, I sent a swab from this boy's throat to Dr. Armand Rüffer, who was then at the head of the British Institute of Preventive Medicine. He reported that Klebs-Löffler bacilli was present. I then wrote to him telling him how long it was since this boy had had diphtheria, but he said there was no doubt about the correctness of his statement, and he subsequently verified this by inoculation tests. This boy's nose and throat were treated with antiseptic irrigation and painting, and a swab sent up a short time later was reported free from bacilli. In the case of this particular disease, therefore, I think we are not justified in saying that all risk of infection is over until the secretions from the throat are shown to be free from the specific organism.

Of the numerous difficulties connected with drugs there is none more important than that associated with the question of ordering stimulants. I think medical men nowadays are more alive to the danger of this than they were formerly; but the danger still exists, and probably always will exist. It is especially in the case of middle-aged ladies, about the time of the menopause, that caution should be exercised; but always in ordering stimulants, state exactly the quantity to be taken in the twenty-four hours, and the times at which it is to be given—this should, if possible, be always with food. Do not leave the choice of times with the patient, for it has been well said by, I think, Sir George Humphry, the time never to take alcohol is when one feels one wants it.

Another very dangerous drug is morphia. Victims to this must be counted by thousands. I have myself in the last three or four years come across four ladies, all under middle age, whose lives have been quite ruined by morphia, taken in the first instance by medical advice; and I am sure there is the greatest risk of even the strongest-minded man falling a victim to this drug. I am speaking especially of hypodermic injections. I think a patient should never be allowed to give himself an injection, and a medical man should be very reluctant to give himself one. I have known personally at least four doctors who practically killed themselves by this habit.

With regard to other drugs, you will find that patients in the leisured classes will only stand, as a rule, considerably smaller doses than one has been in the habit of ordering in hospital work; for instance, I had a patient whose ocular accommodation was so affected by a few doses of ten minims of Tincture of Hyoscyamus that she was quite unable to read.

In ordering drugs, and especially in giving prescriptions, it is well sometimes to remember that patients will continue taking the same for long periods, and will pass them on to their friends, sometimes with disastrous results. I remember a poor old countryman with incipient glaucoma whose sight was irretrievably ruined by a kind friend who had been in the eye wards here, and who had returned home with some atropine drops, which he dispensed in the village to anyone who complained of his eyes. I lately had rather a severe case of lead-poisoning in a woman who had been given two prescriptions for uterine hæmorrhage, one for medicine and one for a pill, both containing lead. These she had continued taking for a much longer period than could ever have been intended, and as the hæmorrhage was due to a portion of retained placenta, the lead can hardly be said to have done her much good. A less serious but, at the time, an annoying incident happened to me some years ago, through not mentioning the probable effect of a drug. I was called in great haste, late one winter's evening, to see an old woman (a club patient, of course), living some miles away. I had given her a bismuth mixture in the morning, and when I got to her cottage, I found the old lady in the greatest distress, surrounded by sorrowing friends and relatives. She had discovered that her tongue was black, and was fully convinced that gangrene had set in, and that her end was rapidly approaching.

The use and abuse of the forceps in midwifery has lately been a good deal discussed in the medical papers. I think the opponents of interference have rather overstated their case, and do not quite realise the difficulties of a busy practitioner, especially in the country, who does not like to leave his patient exposed to possible dangers, and whose presence may be urgently required elsewhere. Still, there is, no doubt, justification for the warning, and it can not be soothing to one's conscience to have a suspicion that a patient who had entrusted herself to one's care, would probably have been better after all if one had never been near her. They did not, however, always manage these things better in the good old times. An old—a very old Guy's man told me that when he first settled down in practice in the country, he asked his predecessor, who was not a Guy's man, if he had occasion to use the forceps often, and that the reply was, "I never use the forceps; I always make a hole in the head."

Try to keep regular hours for meals, it is a duty you owe yourself and your family, and in the long run is better for your patients too. If you have a fixed time for being at home for consultation, try always to be at home at this time, it will save you many a needless journey. If your patients know when they are sure to find you at home, they will have the less excuse for sending for you at any odd hour that may suit their convenience. Your leisure and comfort, and to a great extent your health also depend very largely on the degree to which you can

make your patients realise this. The average number of the populace to each medical man in England is about 1,000, that is to say, you will have about 1,000 possible patients—some of you will have many more—if each of these sends for you at some inconvenient hour only once in three years you will have an inconvenient summons nearly every day. Some men make themselves the slaves of their practice and of their patients, and I think in the end lose far more than they gain. You will have plenty of legitimate occasions for self-sacrifice without going out of your way to make them when they are not needed. An elderly practitioner in a country town who kept plenty of servants, whom I was helping at one time, always answered the surgery bell himself when he was at home, even getting up from his meals to do so. This was certainly not good for his digestion, nor for the temper of his cook, and I cannot imagine that his patients thought any the better of him for it. The other extreme is exemplified by a doctor in the country of whom I heard a few days ago. In a discussion on guinea midwiferies he said he found them both profitable and easy. On being asked his secret, he said he made it a rule never to call at the house till the day after he was summoned, he then took his fee and did not call again. This proceeding, of course, is neither honest nor safe, but by insisting on a certain degree of respect from your patients, you will not only benefit yourself but help your fellow medical men.

The danger of false accusations by neurotic or designing women is one to which members of our profession are particularly subject, and it is one we should never lose sight of. The exercise of a little caution and tact will diminish the risk, and if one treats every woman, high or low, with the courtesy due to her sex, one will have done all in one's power to avert the danger, but if in spite of all care the danger should arise, meet it boldly at once, consult your lawyer or some responsible friend on whose judgment you can rely, and never be weak enough to commence paying blackmail, as many an innocent man has done to his cost.

Ethical difficulties arise chiefly in one's dealing with one's professional brethren, and as regards this question I think we are as a profession sadly short-sighted; if we were more united we should be more respected by the general public and our lives would be far easier. Try if you can to be on cordial terms with your medical neighbours, and if in the case of any individual you find friendship impossible, be all the more careful to exercise the strictest etiquette towards him. By so doing you will not only preserve your own self-respect, but you will probably find that his dealings towards you in the future will be fairer and more friendly. A medical whist club meeting once a week or so at the house of each member in turn is an excellent institution for rubbing off corners, though perhaps it works all the better for the introduction of a little leaven in the shape of a few lay members.

Refuse to discuss a fellow medical man with your patients, and never yield to the temptation of exalting yourself at the expense of another, even by a hint or shrug of the shoulders; you may be quite sure that others will have many similar opportunities of scoring off you in your absence. Do not be too ready to place implicit confidence in what a patient may inform you another doctor has said about him; even among the educated classes most unfounded statements are often made apparently in good faith, and this is still more the case among the poor. I think hospital students are rather apt to forget this and sometimes make unfortunate comments in the patient's hearing which would be better left unsaid. I remember this being impressed on me when I was house-surgeon in the surgery. I heard a patient whom I had been attending for some days tell another that I had said he had a fractured dislocation of his elbow; what he really had was a flesh wound opening the olecranon bursa, and attended with a good deal of inflammation and suppuration. There had never been any question of a fracture nor of a dislocation, and I cannot imagine how he became possessed of the idea. Now, if this man had gone to some other hospital and repeated this diagnosis they might easily have come to the conclusion that the surgical knowledge displayed at Guy's was not of the highest order.

An ethical difficulty that often arises with regard to one's patients is to decide how far one is justified in concealing from a patient one's opinion of the gravity of his condition. In this no definite rule can be laid down. I think one ought almost always to tell the relatives and friends exactly what one thinks, and sometimes it is fairer and better to be equally frank with the patient also, however painful this may be, but often, I am sure, the expression of an unfavourable prognosis will hasten the fatal termination or remove the last faint chance of recovery. The influence of the mind upon the body, as Dr. Hach Tuke tells us, is very remarkable, and it seems certain that persons, and not only among savage tribes, will die solely because they think they are going to die. I remember two men being brought into adjoining beds in Accident ward—I beg your pardon I should have said in Astley Cooper ward—who had both been injured in a fire. Their burns seemed equally severe, and one saw no reason to give a more unfavourable opinion in one case than in the other. From the first, however, one man said he knew he should die, and so he did, while the other said he meant to get well, and he also kept his promise. We must also remember that, as I have said before, medicine is not an exact science, and people do not always die when we think they ought. I remember once when going round Clinical, one of the physicians said of a woman with pneumonia that she was evidently dying, but on coming round the next day, she had the bad taste to be sitting up in bed reading a paper. I recently had as a patient an old gentleman of over seventy who had been sent to Pau some thirty odd years ago for phthisis with hæmoptysis, and his friends were told at the time that he probably would not live through the winter, and that in any case they must not expect his life to be prolonged more than a year at the most. I met a few days ago an

aggressively healthy colonel who told me that he had been carried on board ship at Bombay as a young subaltern with dysentery, and had overheard the cheering remark of a medical man that he would be put over the side before many days were passed. Such instances might be multiplied indefinitely, and I think go to prove that our confidence in our powers of prognosis should not prevent us sometimes from encouraging our patients to look forward to the future more hopefully than we do ourselves.

Another difficulty that is constantly before us is that of regulating our attendance on neurotic patients who would be much better if placed in some happy Elysium where doctors and medicines were unknown. No one is more selfish than an invalid of this type. Her relations may renounce every luxury to keep her in comfort, her husband and children may be without necessities, but she must have her artificial foods, and air cushions, her medicine three times a day, her pills at night, and draughts to fill in the odd hours, besides, of course, a doctor in constant attendance. Even if means are ample our responsibility is the same. Our business is to keep people well or to make them better, not to keep them ill or make them worse. I do not mean that we should refuse to attend such patients altogether. They do require help—no one more so, failing the Elysium mentioned before—and if we desert them they will fall back on quacks and patent medicines, and their last state will be worse than their first. If we can acquire their confidence and make them feel we are their friends we may by degrees arouse healthier interests, lessen their constant dosing, and eventually lead them to a more useful and a happier life.

Legal difficulties are fortunately less common, and as a rule more easily kept clear of, but into some of them you may fall by what would seem a very trifling indiscretion. Thus it seems very natural if the lady of the house calls you in to attend one of her servants and pays your fees for the attendance, that she should question you on the nature of the illness. Strictly speaking, however, you have no right to discuss this without your patient's express permission, and it will often be best for you to obtain this first, for if by any information obtained through you the mistress decides not to keep the servant, the latter may obtain damages from you at law. Especially should you be on your guard if there is any question of misconduct on the part of the servant, and in such a case you will be wise to tell the mistress at once that your lips are sealed unless your patient should give you permission to speak.

Death certificates often constitute another difficulty, and I think it is very unfair on us that we have to give these to the relatives. They should be sent to the Registrar direct, and their contents, in my opinion, should be revealed to no one, not even to the life insurance companies, in those cases in which the deceased is insured. These companies have the opportunity of making enquiries before they accept any life, and are further protected by the examination by the medical man who acts as their agent; and it seems to me unfair that they should be able to obtain evidence against the deceased insurer from his medical adviser which he would not give if his patient were alive. Not content with a copy of the death certificate, many, if not all, these companies send a further inquisitorial form, which the relatives have to get filled up by the medical man last in attendance, before they draw the insurance money. A proceeding I should much like to see disputed in the Law Courts.

Our own appearance actually in a Court of Law is often far from a dignified one, and when the public see two medical men taking different sides, and expressing diametrically opposite opinions, they are, perhaps, justified in not attaching much importance to either opinion. A medical man should never appear as a partisan on a medical question, but as an unbiassed scientific observer. It would be an excellent plan if the medical witnesses called by either side could discuss the medical aspect of the case together before appearing in Court, when their opinions would often be modified and brought more into line. An instance where this would probably have saved a miscarriage of justice happened to a Guy's house-physician of my time. A child was brought into the hospital who had been knocked down by a milk-cart and had received some slight injuries. After remaining in for a week or so, it was to be sent out, but the surgical ward clerk, with the carefulness that distinguishes all surgical ward clerks at Guy's, took the child's temperature the night before it was to leave the hospital. This proved to be little above normal, so the child was detained and watched. It eventually developed infantile paralysis, so was transferred to the medical side, and in due course sent out, some degree of paralysis still remaining.

The parents brought an action against the milk company, which they defended, retaining my friend, whom we will call Mr. A. The case came on and at first all went well for the milk company, Mr. A. giving his opinion that the paralysis was in no way due to the injury. In the lunch interval, however, the solicitor for the parents, seeing the case would go against him, sent off a messenger post haste with a suitable fee to a distinguished physician, Sir X., who had seen the child some weeks after it left Guy's at the out-patient department of a special hospital for nervous diseases. After lunch Sir X. was called, and said he considered the paralysis was due to the injury, knowing nothing of the history of the case while in here and only having been told by the parents that the paralysis had followed the accident. The milk company's counsel was not prepared to cross question, so Sir X. bowed and left the court. My friend A. was called up again, and counsel first asked him how old he was—this question was not allowed by the judge, but no doubt had its effect on the jury—he was then asked how long he had been qualified, which was under a year. Then he was questioned as to the qualifications of Sir X., which he could not but acknowledge, and finally was asked if he still put his opinion

a gainst that of this leading consultant. He stuck to his guns, but his clients naturally lost their case.

Now, gentlemen, I will tax your patience no further, but will only thank you for the kind attention you have shown me, and if I have been able to remove the least difficulty from the future path of any one of you, I shall feel I have not wholly wasted your time this evening.

After the applause which greeted the conclusion of the reading of the paper had subsided,

Mr. R. Howard in a few well-chosen words proposed a hearty vote of thanks to Dr. Muspratt for the trouble he had taken, and the sacrifice he had made, in order to read his paper, and Mr. V. E. Collins seconded the motion, which it is needless to say was carried by acclamation.

Mr. E. I. Spriggs then proposed, with excellent taste, and Mr. A. W. Ormond seconded, a vote of thanks to Sir Samuel Wilks for his chairmanship that evening, and he, in reply, renewed his assurance of the pleasure it gave him to come down to these first meetings of the Physical Society. He said that his greatest pleasure was to give pleasure to others, and this fact only accounted for his having accepted his recent honours. It pleased him much to note how Guy's still kept up its reputation for *esprit de corps*, and how, notwithstanding the general depression, the comparatively large Re-endowment Fund had been raised, and the new Medical School Buildings which he had entered that evening for the first time, built. Medical men were said to live on and by the misfortunes of mankind, but let all remember that no one has done more than the medical man to alleviate and prevent the sufferings of others.

Hospital News.

CLASSIFIED LIST OF CASES.

In the Medical Wards.

Circulatory System.

Mary	7.	Mitral stenosis.
	10.	Mitral stenosis and regurgitation. Tricuspid regurgitation. Adherent pericardium.
	17, 25, 26, 32, 41.	Mitral regurgitation.
	37.	Chlorosis.
Philip	5.	Aortic regurgitation and abdominal aneurysm.
	19.	Ulcerative endocarditis.
	21.	Mitral disease.
	23.	Aortic aneurysm.
	24.	Pericarditis.
	29.	Aortic regurgitation.
Stephen	22.	Aortic stenosis and regurgitation.
	34.	Aortic regurgitation. Abdominal aneurysm.

Nervous System.

Mary	40.	Peripheral neuritis.
	42.	Anorexia nervosa.
Philip	10, 12.	Hemiplegia. Cerebral embolism.
	17, 32.	Peripheral neuritis.
Stephen	11.	Optic neuritis.

Alimentary System and Abdomen.

Mary	4.	? Gastric ulcer.
	15.	Gastric ulcer.
	29.	Ascites. ? Tuberculous peritonitis.
	36.	Jaundice. Malignant disease.
	39.	Catarrhal jaundice.
Philip	4.	Appendicitis.
	33.	Chronic diarrhœa.
	36.	Ascites. Cirrhosis of liver.
	37.	Carcinoma of pylorus.
Stephen	4.	Ascites. Enlarged liver.
	8.	Sub-phrenic abscess.
	25.	Appendicitis.
	33.	Ascites.
	37.	Dysentery.
	40.	Appendicitis.

Typhoid Fever.

Mary	45, 50.	
Philip	6, 11, 27, 34.	
Stephen	5, 14, 38.	

Genito-Urinary System.

Mary	3, 8.	Diabetes mellitus.
	6.	Moveable kidney. Nephrorraphy.
	11.	Chronic interstitial nephritis. Ascites.
	28.	Chronic tubal nephritis.
Philip	9.	Chronic tubal nephritis.
	28.	Sub-acute nephritis.
	32.	Diabetes mellitus.
Stephen	17.	Chronic nephritis.
	25.	Chronic tubal nephritis.
	26.	Diabetes mellitus.
	28, 35.	Acute nephritis.

Respiratory System.

Mary	1, 16, 23.	Phthisis.
	5, 19.	Fibroid lung and bronchiectasis.
	35.	Left apical pneumonia.
Philip	2, 7, 22, 27.	Phthisis.
	8.	Pleuritic effusion.
	13.	Bronchitis and emphysema.
	39.	Chronic bronchitis.
Stephen	1.	Phthisis.

Miscellaneous.

Mary	2, 12, 34, 49.	Acute rheumatism.
	9.	Influenza.
	46.	Osteo-arthritis. Mitral disease.
	53.	Simiz rickets.
Philip	1.	Gonorrhœal arthritis.
	3.	Eczema.
	16, 25.	Acute rheumatism.
Stephen	7.	Influenza.
	29.	Plumbism.
	31.	Lupus vulgaris.

In the Surgical Wards.

Cases under Mr. Howse.

Naaman	7.	Swelling in neck. ? Dermoid.
	13.	Stricture of urethra.
	23.	Undescended testicle.
Charity	14.	Enlarged thyroid, left lobe. Removal of right lobe in 1893.

Cases under Mr. Davies-Colley.

Cornelius	6.	Fractured patella.
	12.	Injury to head. Hæmorrhage from ear.
	13.	Depressed fracture of skull. Operation.
	14.	Ruptured urethra.
Lydia	2.	Fractured humerus.
	4.	Fracture of neck of humerus, with dislocation.
	9.	Cervical spinal caries. Sinus in neck.
Luke	6.	Ruptured varicose veins.
	9.	Internal derangement of knee.
	10.	Tuberculous testis.
	13.	Tuberculous shoulder.
	19.	Epithelioma of tongue. Recurrence. Gland in neck.

Cases under Mr. Lucas.

Job	7.	Necrosis of tibia.
	15.	Varicose veins.
	21.	Femoral hernia.
	22.	Dermoid cyst of orbit.

Cases under Mr. Golding-Bird.

Lazarus	2.	Varicocele. Inguinal hernia.
	18.	Double scrotal hernia.
Martha	21.	Nasal polypus.
	Cot B.	Ununited fracture of tibia and fibula.

Cases under Mr. Lane.

Job	13.	Malunited fracture of radius.
	14.	Torticollis.
Dorcas	5.	Internal dislocation of ulna.
	Cot.	Hare-lip.

Cases under Mr. Dunn.

Lazarus	1.	Parotid tumour.
Martha	20.	Biliary fistula.

"Clinical."

John	3.	Hæmoptysis.
	4.	Mitral disease. Acute rheumatism.
	5.	Enterica.
	8.	Chronic intestinal obstruction. Colotomy.
	9.	? Ulcerative colitis.
	10.	Enterica.
	11.	Angina Ludovici. Tracheotomy.
	12.	Enterica.
John	13.	Bronchitis.
	14.	Epilepsy.
	15.	Syphilitic stenosis of larynx. Tracheotomy.
Miriam	17.	Hypertrophy of sigmoid, following ill-developed anus. Colotomy.
	21.	Enterica.
	22.	Aberrant renal calculus. Urinary fistula.
	23.	Appendicitis. Operation.
	25.	Acute nephritis. Broncho-pneumonia.
	26.	Mitral regurgitation.
	27.	Appendicitis. Sub-diaphragmatic abscess.
	28.	Mitral disease. Sub-acute rheumatism.
	29.	Intra-cranial tumour.
	32.	Acute rheumatism. Relapse.
	Cot. 33.	Marasmus.
	34.	Post-diphtheritic paralysis. Nephritis.
	35.	Broncho-pneumonia. Phthisis.
	36.	Diarrhœa and vomiting.

In the Out-Patients' Department.

Surgical Out-Patients.

September 8th. A man, E. J., aged 59, came up to out-patients complaining of a swelling in his right groin. From patient's statement, it appeared suddenly on September 3rd and had remained of same size since. Previous history showed that a similar swelling came suddenly in same position twelve months before, but went down in a few days. Patient has had no pain or sickness and there had been no straining at heavy work.

On examination, a globular swelling, of about one and a half inch diameter, was found in upper and inner part of right thigh. It was situated below Poupart's ligament, and a finger, invaginating the scrotum, could pass well into the right inguinal canal, the pillars of the external abdominal ring being somewhat widely separated. The swelling was internal to the femoral vessels, was elastic to the feel, and gave a doubtful sense of fluctuation. The skin over it was not at all adherent, but the mass could not be picked up from underlying structures. It was quite dull on percussion, non-translucent, gave no impulse on coughing, and could not be reduced in slightly flexed position of thigh. Patient's bowels had been regular since formation of the swelling.

Mr. Fripp gave a diagnosis of femoral hernia, Morrant-Baker cyst in connection with the hip-joint through the psoas bursa, glands and varix being discussed at the same time.

Patient was admitted, and an operation on September 10th proved femoral hernia to be correct, the sac containing omentum and a small amount of fluid. Another feature presented by the same case was that the two recti abdominis muscles were widely separated in the middle line, and that a femoral hernia should have been produced with this laxity of the abdominal wall. S.

An Unusual Case of Ruptured Kidney.

W. J., æt. 21. Admitted into Accident ward under Mr. Lucas on August 13th. Shortly before admission he fell a distance of twenty feet down a ship's hold, and was found lying on his *right* side across an iron bar. When seen in the surgery, his marked pallor and state of collapse determined his admittance to the hospital.

Condition on admission.—Slight hæmoptysis, which soon ceased. Pain over seventh, eighth, ninth, and tenth ribs on the *right* side behind, and tenderness on palpation over this area, in a line internal to the line of the angle of the scapula. No crepitus obtained. On auscultation, over *right* base moist râles were heard. No evidence of hæmothorax or any visceral rupture. Urine passed while in surgery perfectly clear. Was very feeble and drowsy.

Diagnosis.—Fractured ribs, ruptured lung. . . . A few hours after admission he again passed his water, without pain or difficulty, but it was deeply tinged with blood. Slight palpation over the renal areas gave no definite result, and deep palpation was not, under the circumstances, attempted.

Treatment.—Absolute rest in horizontal position. Ice-bags on either side over kidney areas. Mist. Ergotæ ʒ ij. statim, and Tinct. Opii ♏ xv.; Mist. Ergotæ ad ʒ j. 3tis horis.

Ruptured kidney was added to diagnosis. Within eighteen hours of admission all signs of blood had disappeared from the urine; the physical signs over the right base had also practically cleared up. He now (August 16th) complained of shooting pains over the distribution of the twelfth dorsal nerve and the iliac branch of the ilio-hypogastric, but with this exception had no other symptoms. On the tenth day after the accident he was allowed up on a couch. The temperature all this time had kept slightly raised, 99–99·6°.

On August 26th, at 10 a.m. (*i.e.*, after fourteen hours' rest in bed), he suddenly passed ʒ xxvij. of fluid blood of bright-red colour, which afterwards clotted in the porringer. The previous treatment was repeated. The same evening he had severe colicky pains, due to ureteral clots, which were afterwards passed. There was no more bleeding for some time; but on August 31st there was definite resistance, tenderness, and induration over the *left* renal region, in front, and tenderness also behind; and the question arose as to which kidney was the injured one. Patient was again steadily gaining strength when, on September 2nd, he passed ʒ xxxvj. of blood of the same character as before; after which he was much collapsed; the pulse was rapid, feeble, and running; the lips, conjunctivæ, and glans penis blanched, and his condition highly critical. He now complained of pain on both sides over the renal areas, and there was no difference between the two sides as regards rigidity, such as was evident two days before. That night the bladder was much distended, and he was in such pain as to necessitate the passage of a soft rubber catheter, which was passed with strict aseptic precautions. A large quantity of dark chocolate-coloured urine was drawn off, the flow being repeatedly stopped by clots sticking in the eye of the catheter. Callus could now be felt over the fractured ribs on the right side. On September 5th, as his condition showed no improvement, and the urine was still full of altered blood, Mr. Lane decided to operate. On account of the physical signs noted on August 31st, he decided to explore the *left* renal region. The usual lateral T-shaped incision was made in the left loin. The muscles being divided, the kidney could not be felt in its normal position; but on passing the hand along the posterior abdominal wall towards the middle line, the outer border of a kidney was felt, and then a large quantity of hard clot, which had partially organised. Further examination showed that there was a *horseshoe kidney*, and that a large area on its posterior surface was much pulped. The tear extended across the middle line into the right half of the kidney. On the left side it extended into the pelvis, and just where the clot lay in contact with the torn pelvis, it had been hollowed out by the escaping urine into a large smooth-walled cavity the size of a pigeon's egg. The clot forming the wall of this cavity was more highly organised than any of the surrounding clot.

After removal of all clot, blood was seen welling up at the bottom of the wound in such quantity as to make it evident that a large vein had given way. As it was impossible, on account of the depth of the wound, to sew up the torn surface or get at the vein to tie it, a large sterilized dressing-pad was pressed firmly down to the bottom of the wound. A few minutes later this pad was taken out, and as it appeared to have controlled the bleeding, was replaced by two similar pads, packed tightly down on to the bleeding surface. The edges of the muscles were then sewn together with silk, and the wound closed in the usual way, with the exception of a small space posteriorly left open for drainage, and to facilitate the extraction of the pads later. Sterilized pads were applied over the wound, and these covered with a thick layer of salicylic wool, and tightly bandaged. The treatment after operation was: I.M.H. gr. ¼, 6tis horis; ice to suck; Valentine's meat-juice ʒ j. o.h.; milk in small quantities frequently. Patient was never sick, and improved rapidly after the operation. The next day the bladder was washed out with equal parts of Boracic lotion and sterilized water, after which no more blood appeared in the urine, which was passed painlessly in good quantity and absolutely normal in character. The wound healed by primary union. The morphia was kept on for ten days, after which it was gradually reduced. The bowels, when necessary, were relieved by enemata. September 16th, Pil. Ferri gr. xv. b.d. ordered, and he is on full diet. On the fourteenth day after the operation the pads began to be removed, bit by bit, so that by the twenty-first day all had been removed, and no untoward symptoms had occurred. The bowel at once took the place of the cavity made by withdrawal of the pads.

Patient is now up, and seems likely to make a complete recovery.

Points of Interest.

I. *The fact that a right-sided injury caused rupture of the left half of the kidney.*—(The patient was quite certain that he had not received any injury to the left side.) This might be explained by supposing that the blow on the right side from behind and forwards to the right, served to tear away the *right* limb and bend of the U from the *left*, which was lying on the other side of the prominent lumbar spine.

II. *The quiescent periods.*—Probably during the extreme collapse following the injury a good firm clot formed in the torn vessel and served to effectually arrest hæmorrhage. The second hæmorrhage, twelve days later, may be partly due to the exertion of sitting up on the two previous days; but considering that it came on in the morning, when he was still in bed, and after fourteen hours in bed, is more likely to have been caused by a partial separation of the clot, either by the natural process of shrinking or softening, or by the mechanical action of the urine. The second quiescent period was, doubtless, due to the formation of another temporary clot, and the filling up of the pelvis and ureteral orifice, as shown by the slight hydro- or hæmo-nephrosis noticed about this time.

The extreme suddenness of the very severe hæmorrhage showed that the vessel must be a large one, probably one of the main branches of the renal vein.

The absence of extravasation of urine or of blood was remarkable, and due to the effectual capsule formed by the organisation of the early clot, which directed the stream of blood into the pelvis and ureter.

III. *The recovery.*—The prognosis with such a severe injury in such an inaccessible position was naturally very grave, and the patient was hardly expected to recover. The absolute rest obtained by morphia and the constant and long-continued pressure kept by the pads were no doubt largely responsible for the recovery.

Two ureters were probably present, as the pressure maintained by the pads on the left pelvis, probably also prevented any urine getting down the left ureter.

Case for Diagnosis.

W. H., 38, a navvy, admitted on September 15th, 1897, for shortness of breath and pain in the back.

Family History.—Good.

Personal History.—Was a soldier till 1889. Had syphilis in 1879, and had "Rock" fever at Gibraltar in 1889, otherwise had good health up to Easter this year, when he had rheumatic fever which kept him in bed thirty-three days. Six weeks before admission he expectorated a little bright frothy blood, this expectoration of blood has gone on up to the time of admission, the amount of blood is small but well marked. At the same time he noticed he was dyspnœic on slight exertion. The dyspnœa has gradually increased. Has had no sudden pain in his chest.

Condition on admission.—Pulse, 100; respiration, 28; temperature, 10°. Patient is a well-developed man; injected venules on the cheeks. When lying on his back he breathes comfortably, but when on his side he has pain and great distress in breathing.

Respiratory system.—Chest is emphysematous. Left side of the chest is more bulky and larger and does not move so well as the right. The left side moves very slightly. The left chest is hyper-resonant; right chest gives a normal note on percussion. Voice sounds on left side absent, except at the apex, where they are faint. On the right side breath sounds are rather louder than normal; no adventitious sounds heard. No evidence of phthisis. T.V.F. is absent on the left side. There is no *bruit d'arrain* on the left side.

Circulatory system.—Pulse regular, soft, easily compressible and equal on both sides. The heart is apparently displaced to the right side. No apex beat seen or felt on the left side. There is a strong pulsation in the epigastric angle. There is a slight pulsation to be felt in the right space. On percussion there is dulness over the sternum, below a line joining the two fourth costal cartilages, and extending two inches on either side of the sternum, this dulness merging into the liver dulness. A moderately loud systolic bruit can be heard on the epigastric angle and over third right space near the sternum. The bruit can also be heard in the second right space, but it is not so loud as in the third space. The heart sounds can be heard in the fourth and fifth left spaces near the sternum.

Alimentary system.—Normal.

Sept. 16th. His cough has been very troublesome with the expectoration of blood-stained sputum. The blood is bright in colour.

18th. Impaired resonance at left base. No tubercle bacilli in the sputum.

20th. Left base dull for the space of a couple of ribs.

22nd. Physical signs as on 20th. The cough is not troublesome during the day, but causes pain and distress at night. A very faint inspiratory murmur can be heard over the point of the left chest.

27. When the left chest was going to be explored the patient began to cough bringing up a little dark blood, and then coughed up a large quantity of blood (2 porringers full) and fell back and died. The temperature ran up to 102°–104° in the evening and came down to normal or nearly normal in the morning. Pulse ranged from 104–76. Respiration from 36–20.

Result—Solution.

Post-Mortem.—At the first part of the descending aorta there is a large irregular aneurysm which opens into the left bronchus close to the bifurcation. The opening is about one inch in diameter. Just beneath the diaphragm there is another aneurysm as big as an orange.

Lungs.—Left lower lobe is quite solid. Pus exudes from the bronchial tubes. Upper lobe emphysematous. Right lung covered with strong old adhesions.

Heart.—11½ ounces. Aorta valve 3⅛ inches. Aorta very atheromatous.

Complimentary Dinner to Sir Samuel Wilks.

This important function took place on Wednesday evening, in the Whitehall Rooms of the Hotel Metropole, and an interesting and highly enjoyable evening was spent. The dinner was served in excellent fashion by the hotel management, and the programmes had a remarkably good reproduction of the photo by Elliott and Fry, of the guest of the evening on the front page.

After the dinner, the speeches of the evening were started by the Chairman, Mr. Cosmo Bonsor, treasurer to the Hospital.

Mr. Cosmo Bonsor, in proposing the toast of "The Queen," said that he fully appreciated the high honour that had been paid him when he was asked to preside over the gathering that evening. The occasion, he said, was unique—men from far and wide had assembled together in order that they might pay compliment to their most worthy and distinguished guest. And more than that, the assembly was of the nature of a family party, without formality or restraint. He said that he had been handed over forty letters of regret and apology sent by absentees to the secretary of the dinner, and he read one of especial interest from Dr. Braxton Phillips. He went on to say that he had the honour to propose the health of Her Majesty the Queen, who, after sixty years' reign of prosperity and happiness, had conferred on the hero of the evening the honour of knighthood.

After the toast had been loyally honoured, a magnesium flashlight photo of the assembly was taken, and then

Dr. Pye-Smith rose to propose the toast of the evening. He said that to him had been entrusted the privilege of proposing the health of their honoured guest, although he recognised that he owed the honour to the accident that he deserved it on the grounds of what he might paraphrase as of survival—not always of the fittest. In one respect the speaker thought that he had the advantage over many present, that of having known Sir Samuel Wilks as master and friend for more than thirty years; since their respect and affection for him were proportional to the length and the intimacy of their acquaintance. Dr. Wilks had now attained the position of Consulting Physician to Guy's Hospital, and he (the speaker), on looking round, saw many who had attained a similar distinction. Yet he himself and his friend, Mr. Howse, and even some among his junior colleagues, plainly showed signs of the ravages of Time, whereas Dr. Wilks, Mr. Birkett, Dr. Pavy, and Mr. Bryant still bore the flowing locks of youth. His duty was a heavy one, because he had to express the feelings of this great assembly on an occasion deserving a more eloquent tongue than his; yet these feelings were too deep to set off by tricks of language and adornments of rhetoric. When the flashlight a few minutes before dazzled their eyes, it reminded him of what was said of an ancient philosopher, that he had a breast of glass through which all men could see his heart. If those rays had been Röntgen rays and could have revealed their friend's heart to their gaze, they would have seen nothing but what was manly, and genuine, and generous. When he entered Guy's in '59, Dr. Wilks was then curator of the museum and demonstrator of morbid anatomy. His work in pathology had made his name honoured and familiar not only in this Kingdom but throughout Europe and America. Many of those present, including himself, had known Dr. Wilks not only as a foremost investigator of disease but as a shrewd clinical physician. He believed that he had once heard Dr. Wilks remark that the path to diagnosis lay through the dead-house, and it was by this path that he gained his skill at the bedside. Nor was his treatment ineffectual, for sceptical in the best sense, he firmly believed in what was really trustworthy in therapeutics.

But these qualities, Dr. Pye-Smith went on to say, were only a small part of his character. It was not to these, but to the man, that they had come to do honour that night. All who knew him knew that he had never sought for fame, it had come to him unasked; he had never courted popularity, yet no one in the profession was more popular. He had been raised by his confrères to the highest post in the profession, and their choice had been adorned by the honour bestowed on him by the Crown. He had made Soloman's choice of wisdom and long life; riches and honour had been added. It was written of a Roman emperor that, "He was by all men counted worthy of the throne—until he had filled it."

But Dr. Wilks' oldest friends did not know all his power and capacity until he had been made President of the Royal College of Physicians. After all, no honours, however high and well deserved, were so valuable as the thought that he knew was at that moment present in Dr. Wilks' mind as he looked round on all those drawn together this evening, that he possessed the highest reward of all, the confidence and love of those who knew him best. He ended by proposing long life, health and happiness to their guest, Sir Samuel Wilks.

After the applause which followed the enthusiastic musical honours with which the toast was drank had subsided,

Dr. Wilks, on whose rising the cheers were renewed, endeavoured to obtain a hearing. After some minutes he was able to begin, and he said he wished to thank Dr. Pye-Smith most heartily for the very eulogistic and practical speech he had just delivered. He confessed, however, that in some of his remarks, he scarcely recognised himself as the subject, but all the same, he thanked everyone present for the effusion of applause with which they had received him. All through the evening, he said, he had been thinking of his old hospital, and he could truthfully say that at the time of speaking he was quite unable to grasp the situation, the occasion when so many had come together to do him personal honour. He felt, that that being the case, he must try to answer them in personal terms. All lives had certain points of interest about them, and he supposed he was no exception to the rule, and so he must say a few words about

himself, but he did not wish to pose as an example for others, he left that duty for others more qualified to stand. It was generally thought that for a man to be successful he must possess some extraordinary and remarkable qualities, energy, and so forth. He instanced Dick Whittington and others. But he believed that if in any branch of art, literature, or science, a man set out with energy of purpose, he would undoubtedly gain his ends. He (Sir Samuel) confessed, however, that he himself was a very bad example of this theory, but it was no less certain for all that, and a man of industry and integrity would surely gain more than the mere reward, that was part and parcel of virtue itself. He (the speaker) could not conceive how thoughts of a peerage could ever possibly enter into the heads of such men as Kelvin, Lister, Tennyson, or Leighton. He didn't believe they did for one minute, and if this was true, much less was it likely that similar ideas should come to a man working in a hospital, or the post-mortem room. As for himself, he had very little ambition when young, he did not even think of the lesser appointments. When, as a student, he listened to Addison and others, if any one had suggested his future honourable condition he would have laughed them to scorn. Going back further to his childhood: as a boy he was notoriously shy—a terrible character for a child to have—and so he always stayed in the background. His father used to say to his schoolmaster, that he could do anything if only he could be spurred on to it. Another of his bad points was his handwriting. His father used to say that he evidently learnt to write on pill boxes. And as he grew up he always wanted the spur constantly applied. If left alone he would never have initiated anything. He always said "no" to proposals, on principle. If he had stuck to his methods, he would perhaps have more justified their presence that night. As he had said before, he never had an ambition or an object. All the appointments he ever held were given to him, he just seemed to fall into the position. Probably this was satisfactory news to individuals of similar character to his own. When he began working at Pathology he seemed to like the work and so he did it. It didn't pay, in fact it was rather detrimental than otherwise, for he soon had the title of "Distinguished Pathologist" applied to him. All the harder work was done by an assistant, while he himself got all the credit. But leaving all this, Dr. Wilks went on to say that the greatest endowment a man could have was the ability to adapt himself to his circumstances. The whole moral of his life was this, that without any energy or ambition, he did as far as he could his duty in the state of life to which he had been called, and this, and this only, had fitted him for the various positions he had held. As regards his latest honours, even these he had accepted reluctantly, and only to please his friends. He was saying these things to encourage all, and those assembled to do him honour. But this was, after all, only the outer life. There was the inner life of a man, too, known only to himself—the family and pecuniary troubles, the physical difficulties, headaches, sleepless nights, and the like—he had had them all. They had all come to that hall to-night for a pleasurable object, but they must remember the sad side as well. Some years previously he had wanted to give up the profession altogether; it sometimes seemed like mockery that one like him should keep in it. Why, even his name was against him. The name honoured in the profession was undoubtedly "William," and he was not even called that, as he ought to have been. There had only been three Samuels with any pretence fame in the whole world's history—first, the Prophet; second, Dr. Johnson; and third, Mr. Weller, junior. But, he said, those were personal matters, and he must leave them. The scientific man could fall back on the happiness of his peaceful life, undisturbed by even the worldly worries of others. Dean Stanley on some occasion had said that those were the men who reached the highest flights of imagination, and that Huxley, for instance, often attained to lofty pinnacles that human eye knew nothing of, and that this was unheard of happiness. If a man could write a truthful book with the title "My heart laid bare," it would be more thrilling than any three volume novel ever published, but such a thing could not be done. But to return to the profession for a moment. Dr. Pye-Smith gave him credit for never having yielded to the temptation of courting popularity or gaining wealth, but the fact was, he had never wanted or cared for them. He had honoured only his own inclinations, and had never cared a straw for public opinion. The respect of his fellow medical men was all he had striven for, and it was to him the greatest honour to learn that he had earned it. Ever since he had entered Guy's he had loved the place, and his life since had been devoted to it, and he had found in the place the pleasures of a lifetime. He reiterated the fact that he believed he must have reached the highest pinnacle when he learnt that he had attained the confidence of his fellow men. His concluding words were, "My men, you have come here to give me my last cheer. My friends, I thank you. My children, God bless you."

More applause followed, and then

Mr. Howse rose to propose the health of the Chairman, remarking that the new arrangement of a non-resident treasurer had proved a remarkable success, and that Mr. Cosmo Bonsor had recognised the importance of the relationship between the school and the hospital, and held it in its true light, to the great advantage of both sides.

After Mr. Bonsor had responded, the majority of those present, many of whom had long journeys to take that night, left the hall.

Annual Sermon.

This will be preached on Thursday, October 21st, by the Rev. W. R. Mowll, in the chapel, at 5 p.m.

Passim.

The opening night of the session and first meeting of the Physical Society of Guy's Hospital passed off very successfully last Monday. The big theatre in the new buildings was utilised for the more formal part of the proceedings, and the various laboratories for the display of the photographs and artists' pictures of the year. Dr. Muspratt's paper, which we print on another page, was an extremely useful and interesting one, teeming as it did with valuable hints founded on personal practical experience, but we fear that many of his hearers, those placed in the uttermost parts of the theatre, were unable to catch a good deal of what was read. And as Sir Samuel's voice, too, is not of the strongest, perhaps it will be as well next year to make some arrangement so that as many as possible should be in the lower portion of the theatre, and not, as on Monday, uncomfortably crowding the back benches.

Dr. Wilks—we agree with Mr. Symonds that it is far easier to call him by his old title—was, as usual, in his very best form. His solution of that wonderful prescription given some time since in our columns was, to the uninitiated, little short of marvellous, and we could quite imagine the shade of the redoubtable Sherlock, and those of his numerous imitators hastening to find sitting room on the most posterior benches with as little delay as possible. Though Sir Samuel has now for years come down to Guy's to open the session and speak to the new men, yet we feel personally that we should never tire of listening to his words of welcome and advice, and hope that the time is far distant when we shall be prevented from coming to this first meeting of the veteran society of Guy's. We cannot do better than quote Mr. Spriggs' extremely happy remark in proposing a vote of thanks to the chairman, that many many years before the Queen publicly acknowledged Sir Samuel's many virtues, Guy's had found them out, and we doubt if the day will ever come when Guy's will forget the same.

Once more the dissecting-room teems with student life. The bare, deserted room of a fortnight since is now thronged with the ever new, yet ever characteristic junior men. There is the bright-faced inexperienced fresher, smoking a bright yellow inexperienced pipe, wandering aimlessly here and there, trying to appear as if he liked the situation, and hardly realising his importance as a genuine Guy's man, and possibly a budding College examiner. And then there is the second year's man, who is greeted by his friends by, perchance, some endearing epithet, to the admiration, and, be it confessed, the envy of the tyro, who wonders whether his own qualities are such as to merit a like distinction in years to come. And through the throng is seen the Anatomy-bored, Physiology-stricken face of the "gentleman senior to his second year," for whom the dissecting-room has long since lost its glamour, remaining only as a haunting reminder of that ill-fated building on the Embankment, guarded by its savage, truculent Commissionaires.

And yet what a difference a fortnight at the game makes to the new man. It is the same all through a student's hospital career. As each fresh stage is reached, as each new appointment is taken up, the same strange, lost sensation is experienced for the first few days; but we can assure our new friends this feeling of hopeless inability to tackle one's duties, very soon wears off. The man who, a few days before was absolutely certain that everyone was watching him, as he walked up the colonnade or sat at lecture, and mentally classing him among the greenhorns, will now be strutting about with his hands in his pockets (if they were not there before), looking for all the world as if he had bought up the Hospital and half the Borough besides; and the man fresh in the wards, who at first hardly dared look round lest he should lose himself, so conscious was he of his nothingness, will by now be trying perhaps to "boss" his dressers, and be found talking to the patients (?) for half an hour at a time. Yes, the well-worn saying that "time works wonders" obtains at our Hospital just as it does everywhere else.

Our correspondent's letter published in the last Gazette urging the need of a bicycle stable has, we are pleased to state, already borne fruit. In fact, it was even before the publication of the letter and our note that the wheels of the official machinery began slowly to revolve, and the rate of motion—by reason, we presume, of our gratuitous impetus—then increased so rapidly that, at the time of writing, the work is practically complete, and the plans definitely settled for a well-ordered shelter for the iron steeds, beneath the Surgical Building. A few small details still remain to be settled,

and the question of "rent versus deposit," is much exercising the official mind, but we can now definitely promise to our cycling brethren a safe housing of their machines while at the Hospital, and to those who are unfamiliar with the joys of Borough cycling, a release from the annoyance of physical and optical collisions with those speed organs of the College gateway, that have certainly during this last summer been the cause of much irritation and illfeeling. In our next number we hope to publish a detailed account of the arrangements, including a plan of the stable, and the regulations that are to govern it.

In our last issue a paragraph in this column referred to the gallant conduct of an old Guy's man, at present on active service on the north-west frontier of India. By a strange error the name of this officer was given as Surgeon-Captain S. E. Pratt. All old Guy's men will have guessed that the name should have read Prall, not Pratt, but as one of the other two officers concerned in the gallant defence of Fort Gulistan happened to be a certain Lieutenant Pratt, we hasten to make the necessary correction.

The football season now begins in dead earnest. The trial games are being held, and next Saturday most of the teams play their first matches. Now is the time for the new man with any pretences to the title of sportsman to make himself known to the secretaries, and take his place in the test matches. As we have so often tried to impress on men, unless a fresher starts at the beginning of the season and gets fit early, he does not stand half a chance of getting a good place and trial in any of the teams. But we would at the same time warn men against the practice of playing in the trial games, and then going off on future Saturdays and appearing for outside clubs. The test games are intended only for men who want to play for the Hospital, and because a man is not put into the first fifteen or eleven straight away, let him not conclude that the authorities think nothing of his abilities whatever. It is quite impossible to try all the candidates in one match. So let him be content to serve his apprenticeship for a short time in the second team. The second captains are *ex-officio* on the selecting committee of the first teams, and no one's claims for the high places are likely to be forgotten or overlooked.

One point relative to football we feel we must lay great stress on, as through its neglect we have seen matches without number practically thrown away; that is, the importance of men examining the colonnade notice-boards, and scratching directly the list is put up, if they have to scratch at all. It is hopeless for the respective secretaries to try to personally inform each player of his being chosen to play in such and such a match. The work entailed would be far too great for the already hard-worked, self-sacrificing secretary, and so he has to look for the co-operation of all the footballers in the Hospital if things are to go on as they should do, and if Guy's is to be represented by her best team possible on the football field; and who is there who does not wish this always to be the case?

We appeal to all men using the Clubs' Union ground this winter to "protect their own property" (as the County Council hath it), and to help Harris to preserve the wired-off cricket pitches undisturbed and unmolested during the time that it is liable to deep and irreparable injury, in consequence of the usually soft state of the ground. All we want of them is to keep off of it. Last year, in spite of fencing and notices, certain individuals persisted in taking short cuts across the very small piece of turf that it was vainly attempted to keep in good condition throughout the winter, and in consequence the ground man's difficulties (and they are not few) at the commencement of the cricket season, were very greatly increased. We would not make this appeal if we thought it entailed any great hardship or self-sacrifice on anyone, but, really, it is such a very little thing to ask men to take perhaps half a dozen more steps than they otherwise would. But some men are so selfish or thoughtless, that such remarks as these are absolutely necessary.

It is not everyone who plays football, and still less does everyone indulge in cross-country running. To those, therefore, who feel that they require some sort of relaxation this winter, and, moreover, have a taste for it, there remains Volunteering. Apart from the fascination of a uniform and the possession of a Lee-Metford, there is an inter-hospital rifle meeting, with a challenge cup, and Guy's ought to get that cup. Our neighbours at Lambeth must be rather bored with a cup which has graced their smoking-room for so long. There is no reason, really, why we should not relieve the monotony.

Now then, you riflemen! who's going to join the Artists?

The idea of a "Betts Testimonial" has met with such universal approval, that we feel sure the effort to raise a worthy tribute to our old friend's excellent qualities is certain to be crowned with success. We have received some letters, however, from old Guy's men, expressing surprise at any limit being set to their generosity towards the friend of their student days. We hasten to inform them, therefore, that when a limit was put to the amount of donation, we were thinking entirely of the case of the present student, and of the various calls soon to be made on his purse as Christmas once more draws near. No, by all means let each give as many dollars as the spirit may move them so to do. They will all be acknowledged from time to time in the Gazette. So send them along at once.

An interesting little illustrated notice appeared in the *Daily Graphic* of last Tuesday, of the old Guy's Burial Ground, which has now been bought from the Governors of the Hospital for the sum of £4,600, and which is about to be converted into a new garden for the children of Bermondsey, and will in future be maintained by the London County Council for the free use of the public. The plot of ground, which is situated on the left-hand side of the Hospital end of Guy's Street, was originally bought by the Governors some 170 years ago for the burial of "unclaimed corpses and unwanted portions of patients," but was closed for burials in 1853, since when it has been used as a builder's yard. As this acre of land is situated in the midst of one of the most crowded and poorest districts in London, in its new rôle it will probably do far more good in a year's time than it has in all the years of the last two centuries put together.

What the Frontier War is to India, Klondike to America, Cuba to Spain, and Typhoid to Maidstone, so is, and has been, the Rinderpest to South Africa. It is, in fact, the question of the hour, and we have the special correspondent of the *Daily Mail* in Cape Town as our authority when we state that a Guy's man—Dr. Turner to wit—in conjunction with a Dr. Kolle, has discovered a definite cure for the disease. We cannot now enter into all the details of the process; suffice to say that it consists of "'salting' cattle by means of simultaneous inoculation with virulent blood and serum"—evidently something analogous to our antitoxin treatment. It is claimed that the new system is most efficient, cheap, and very simple in its method, and that Dr. Koch's system, which only conferred temporary immunity, will be entirely superseded by it.

Men just entering the Hospital on London degrees intent will probably be interested to hear that there is such a thing as a Guy's Hospital London University Club, which was formed in 1889, "to promote social intercourse and to further the interests of both the Hospital and the medical faculty of the University." The club has Sir Samuel Wilks for its president, and Dr. J. H. Bryant and Mr. C. H. Fagge act as co-secretaries. These latter will be glad to hear from any willing to become members of the club, for which both graduates and undergraduates are eligible. The annual general meeting of the club will take place in the last week of next January, when all the members will dine together. Half-a-guinea is the fee for life membership.

Once more the Nurses' Choral Society lifts up its voice amongst us, and announces its intention of inaugurating its third session by a general meeting of old and new members at the Matron's Home, on Monday, October 11th, at 8 p.m. It is expected to recommence the usual weekly practices on Friday evening, October 15th, and a whisper is going round, that the society is to advance by leaps and bounds this session, that its day of small things is over, and that it means to enlarge its coasts and do valiantly during the coming winter; so it is hoped that the members will all make a special effort to be present at the first Friday evening practice, as everyone knows that a good start goes such a long way towards securing success all through.

The Rugby trial game of Wednesday last, produced some exceptionally good bits of play considering the scratchy nature of the sides engaged therein. It seems that there are at least three new men who are likely to get places in the forward part of the hospital team, and of outsides, two halves and a three-quarter were said to have been very noticeable, and will probably get a trial with the First. It would be unfair to the men themselves to publish their names, so we refrain from doing so, but we shall look forward with interest to the first few matches of the season, as likely to give a very fair indication as to how much the new talent is likely to

strengthen the cup team. Concerning the Soccer team, new talent appears to be none too plentiful, one half-back only of the new men being thought by the critics to be at all certain of a place in the team. However, the second eleven ought to be exceptionally strong, and we wish them luck in their first Surrey Cup-tie against the Tooting Axterus. The first team have drawn a bye in the Senior Cup competition.

We have been asked to call the attention of all new men to two events that will take place on Tuesday next, the first, the meeting of Volunteers at 1 p.m. in the Surgical Class-room, to arrange for the annual Mess Dinner, and the second, the opening meeting of the Missionary Society, that will be held in the Board Room over the Counting House, on the left of the quadrangle as you enter the hospital gates, at 8 o'clock in the evening.

The last number of the *Guyoscope*, in spite of the absence of the editor and chief artist from the hospital, was well up to the high standard that the previous numbers had undoubtedly attained. The criticism of Hall Caine's "Christian" was really smart, and as we read it we could not help wishing that we might be allowed to watch the face of the author of the "Manxman" as he perused the scathing article. The lines, too, for the museum north-wall tablet were exceptionally clever, hitting off as they did to a nicety, the style and characteristics of the old seventeenth century poets. We hear that the next issue of the lively little journal is to be the grand Christmas double number, and we are already looking forward to its publication with feelings of pleasurable excitement.

The Maidstone epidemic, terrible object lesson as it is to all the profession, has exceptional interest to Guy's men, in that so many of those engaged in combating the scourge, are of our kith and kin. Dr. Adams, the Medical Officer of Health, is himself a Guy's man, and there have recently gone down to the seat of plague, Drs. Poole, Cardin, Gardner and Dudgeon of ours. In respect of this awful visitation, we would call the attention of the medical officers of health for the various districts in England, and of all general practitioners to the recent notice sent out by the Clinical Research Association, Southwark Street, announcing that it will undertake a regular or periodical bacteriological and chemical examination of specimens of water, at very reasonable charges.

The complimentary dinner to Dr. Wilks on Wednesday evening last was voted by all present to have passed off exceptionally well. There was just a little friction at first, when on entering the building, it was found that the arrangement of the seats had at the last moment been settled by the officials of the dinner, and many who were counting on a comfortable little gathering with a few chosen friends of old, found themselves when in the dining hall widely separated from one another. But when all had met with such an object as had brought the two hundred and fifty men together from all parts of England such a small *contretemps* was soon forgotten, and general goodwill and happiness reigned supreme.

We would call the attention of all Guy's men to the fact that orders for the engraving of Sir Samuel Wilks, from the portrait by Mr. Percy Bigland, exhibited in this year's Academy, can now be sent in to the office of the Gazette. The size of the engraving is 14 by 10 inches, or with margin about two feet by one and a half. The price of the artist-signed reproduction is one guinea.

Guy's Hospital Medical School.

The following Entrance Scholarships have been awarded:

Scholarship for University Students (Anatomy and Physiology) of the value of £50 to Mr. A. H. Davies, B.A. (Caius College, Cambridge), and Certificates to Messrs. R. Cuthbert Mullins, B.A. (Keble College, Oxford), and J. A. Glover, B.A. (St. John's College, Cambridge).

Open Scholarship in Science, of the value of £150, to Mr. A. E. H. Pakes (Guy's Hospital Medical School), and Certificates to Messrs. C. E. West (Balliol College, Oxford), and D. J. Morgan (St. John's College, Cambridge).

Open Scholarship in Arts, of the value of £100, to Mr. Percy R. Bolus (Bancroft's School, Woodford Wells), and Certificates to Messrs. J. M. O'Brien, W. E. Griffin (St. John's School) and G. W. Smith (Liverpool College).

Open Scholarship in Arts of the value of £30, for Dental Students, to Mr. P. P. Cole (Weymouth College).

Notice.

PROSECTORS, SESSION 1897-98.

October–December.—Messrs. S. C. H. Bent, W. H. Bowen, M. W. Cohen (Mr. Lucas); G. J. Lewis, R. S. Roper, F. L. Thomas (Mr. Lane).

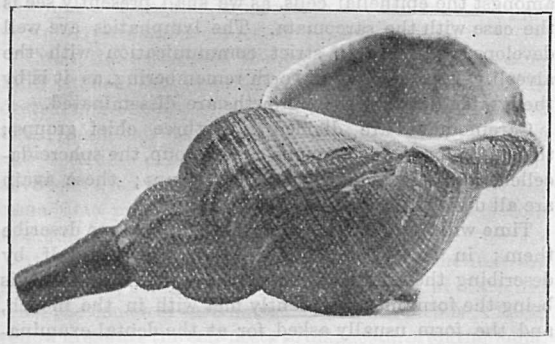
January–March.—Messrs. A. C. Osburn, L. E. Stamm, C. Tessier (Mr. Lucas); M. A. Collins, T. A. Matthews, G. T. Willan (Mr. Lane).

Correspondence.

To the Editor of Guy's Hospital Gazette.

A Cheap Form of Ear-trumpet.

Dear Sir,—Herewith I beg to hand you two forms of apparatus for deaf people: one has a membrane interposed, and the other open. They have the merit of cheapness and efficiency, and would be within the reach of any poor person at a nominal sum. I do not suppose for a moment that any surgical instrument maker would entertain the idea, for the reason that the outside cost could not well exceed a shilling. I maintain that for effectiveness and portability there are no better instruments made than the ordinary whelk shell. If a section



of the shell is made there will be found nothing but an absolutely smooth convolution, which is essential in all forms of ear trumpet. I commend these shells to the notice of your Aural Department. I may say that I have found a shell half the size equally effective, and this can be entirely concealed in the palm of the hand.—Yours very faithfully, WILLIAM SOPER.

307, Clapham Road, S.W.
6th September, 1897.

Comment on a Case for Diagnosis.

Dear Sir,—I think the case in the Gazette of September 11th for diagnosis, is best explained by cicatricial changes following influenzal inflammation of a gland or glands in the position of the tumour. This opinion is based on a recollection of the following case. A healthy young farm labourer contracted influenza; instead of convalescing like the rest of the family, he went on into multiple arthritis of a fortnight's duration, unaffected by salicylate, and with continued high temperature. This left him a rigid and tender left shoulder. The pain became gradually localised below the clavicle, where in another week a patch of deep red brawny cellulitis appeared, pitting on pressure and giving the distinct impression of pus underneath. It was fomented with a view to being explored next morning, but during the night a violent fit of coughing came on, soon accompanied by a peculiar whistling under the clavicle, audible to both patient and his wife. In the morning the cough had subsided, without any expectoration, and the cellular tissue under the brawny patch was full of air and communicated freely with the lung. All the disturbance, local and general, then cleared up rapidly; the man was sent to the seaside as a precaution, and I believe came back apparently in perfect health. Unfortunately, I have not been in a position to see him since, but there would seem to be no better way of explaining the case, than by the existence of one or more severely inflamed glands, which would probably leave a mass conceivably corresponding with the tumour in your case.—Yours truly,

Redhill. S. W. MacILWAINE.

The Services.

(From our Special Correspondent).

THE ARMY MEDICAL SERVICE.

"Cave."

The *Times* of a recent date states that it is decided for the future to have only one list for the examination for the Army Medical Staff and Indian Medical Service. The successful candidates will have their choice according to the position they take of entering either the Army Medical Staff or Indian Medical Service. By this device, the authorities hope to obtain a sufficient number of candidates to fill the vacancies offered for the Army Medical Staff, as usually there are double the candidates competing for the Indian Service to the number of vacancies offered. It is also a matter of fact that usually nearly every candidate qualifies; that is to say, obtains the minimum number of marks required for admission. The authorities thus hope that if a man fails for the Indian Service, he will not withdraw his name from the Army Medical Staff list. What effect this will have in the future cannot be foreseen, but we venture to predict that men will compete for neither of these services until the demands of the Army Medical Staff and Indian Medical Service for a corps and army rank are conceded.

The following promotions have occurred in recent Gazettes, amongst old Guy's men in the Army Medical Staff:—

Surgeon-Major R. C. Gunning to be Surgeon-Lieut.-Colonel.

Surgeon-Captains J. W. F. Long and A. P. H. Griffiths to be Surgeon-Majors, dated 30th May, and 1st August, respectively.

Surgeon-Lieutenant F. S. Brereton, A.M.S., has been selected for appointment to the Scots Guards as an attached medical officer.

Surgeon-Captain C. S. Spong, A.M.S., has had his appointment in the Egyptian army, which had almost expired, extended until the termination of the present Soudan Campaign.

The Dental Society.

A meeting of the Society was held on Tuesday, March 9th, 1897, Mr. Montague Hopson, vice-president, in the chair. The minutes of the previous meeting were read by the secretary, Mr. G. S. Simpson. These having been confirmed, the chairman called on Mr. E. H. Musgrove to read his paper on

SOME MALIGNANT GROWTHS OF THE JAWS.

Mr. Chairman and Gentlemen,—In the following paper I have endeavoured in as concise a manner as I am able, to give you a general idea of malignant growths, and to add to this a description of some of the more common ones met with in the regions of the jaws.

The subject is a large one, and of necessity I am only able to give a short digest; still, I trust with the aid of the diagrams, museum specimens, and the sections placed under the microscopes, you will be able to freshen and perhaps supplement your knowledge of this interesting subject.

A malignant growth is defined briefly as being—"Rapidly developing new tissue, tending to grow, infiltrate, become disseminated, and to destroy life."

Tumours are divided into two main classes—

(1) Benign or innocent tumours.

(2) Malignant tumours.

Malignant growths differ from innocent ones in several ways.

In their mode of growth—they grow and infiltrate or replace the tissues in which they develop—the innocent ones simply displace or push the structures to one side.

Malignant growths are seldom well-defined or encapsuled, but are intimately mixed up with the tissues which surround them. They grow into the tissues, live on them, and ultimately replace them.

They grow with much greater rapidity than the innocent ones—their vascular supply is generally large, more especially in the connective tissue type of tumour, and cell-multiplication is usually very rapid.

Glandular affection is to a great extent diagnostic, more especially in the epithelial growths, the glands become enlarged locally. This enlargement cannot be likened to that which occurs from septic infection; here the glands are filled with inflammatory products, but in the enlargement due to malignancy you find on microscopical section that in them you have an exact reproduction of the primary growth. As to dissemination, the majority of malignant growths disseminate either by the blood-vessels or the lymphatics.

The affection of the general health in the early onset is not marked, but in the later stages of malignant growths it is usually pronounced, the patient becomes much enfeebled, extremely emaciated, showing the well-known malignant cachexia.

Almost all tumours which have the above characteristics are prone to recur when removed, often in the cicatrix, at other times in situations far removed from the primary growth.

Malignant growths are divided into two main classes—

(i.) The carcinomata.

(ii.) Sarcomata.

Histologically they are essentially different in structure. In most other respects the difference generally is not well marked.

Carcinomata.—These are tumours growing from and mainly composed of epithelial tissues, wherever this form of tissue is found, whether it be of the squamous, columnar, spheroidal or any other variety, so there is the liability of a morbid growth, composed of one or the other of these varieties to occur.

A typical carcinoma consists of alveoli or spaces bounded by fibrous tissue, the stroma, and containing cells of an epithelial type. In the stroma or alveolar walls you will find well-developed blood-vessels. This stroma limits the vessels, so that they do not pass amongst the epithelial cells, as we shall presently see is the case with the sarcomata. The lymphatics are well developed and are in strict communication with the alveoli. This is a point worth remembering, as it is by the lymphatics that these growths are disseminated.

Carcinomata are divided into three chief groups; the epithelioma, or squamous-celled group, the spheroida-celled, and the cylindrical-celled groups; these again are all divided into sub-classes.

Time will not, I am sorry to say, allow me to describe them; in fact, I shall have to content myself by describing the first class only—the epitheliomata—this being the form most frequently met with in the mouth, and the form usually asked for at the dental examination. In describing this form, most of its characteristics are typical of carcinomata generally.

Epithelioma may commence in three ways; as a warty growth, in the form of a nodule, or as a fissure. It consists of new epithelial tissue, which not only grows towards the free surface, but also inwards, and in an irregular manner, infiltrating and destroying the tissues with which it comes in contact; in fact, the principal factor in an excessive and irregular growth of epithelium.

When fully developed it is an irregular and warty-looking mass—the surface of which is ulcerated and has a very characteristic appearance; it is often compared to a cauliflower, on account of its surface presenting small white points and ridges.

The ulceration takes place on the more or less rounded part of the tumour—that part which is most liable to friction and worst nourished. At the margins of the central mass there is great induration, often of stony hardness, and surrounding it, and at some little distance are seen, and can be felt, numerous small nodules.

Microscopically, these epithelial growths are found to originate from columns of cells growing down from the deep layer of the rete Malphigi through their basement membrane, and as these columns extend into the subjacent tissues, they throw out lateral processes of cells, which, uniting with similar processes from other columns, form a scattered irregular epithelial network. Around

these columns are noticed evidences of irritation—by the presence of a small-celled infiltration, the epithelial cells acting as foreign bodies to the normal tissues. This small-celled infiltration developes into fibrous tissue and forms the stroma of the epithelioma. Whilst these ingrowths occur, outgrowths also take place; pressure and absorption from the proliferating cells beneath causes the surface to give way. The growth is now no longer bound down and so the prominent mass or warty excresence appears, which soon ulcerates. In this way the malignant ulcer is produced, whose base and sides are formed by the tumour tissue.

The characteristic everted edges of the ulcer are produced by the less unyielding margins of the normal tissue acting as a constricting band around the fungating portion of the tumour, and so this growing tumour laps over the sides and gives rise to the everted edges, much as when a sponge is squeezed in its centre, the upper portion overlaps the contracting fingers.

From the surface of the ulcer a watery or ichorous fluid exudes, the superficial cells ulcerate away. The destruction of these cells continue whilst the new growth extends amongst the subjacent tissues. The ulceration and destruction is oftentimes equal to the new tissue developing, so that these two factors occurring at the same time prevent the tumour from attaining any considerable size.

At certain points in these masses of epithelium are yellow areas, composed of strata or layers of flattened cells, the centre of each mass being homogeneous. These yellow areas are the cell-nests so diagnostic of epithelioma. These nests are composed of central cells of a rounded shape which are of a colloid consistency, oftentimes broken and degenerated. Around these central cells are small crescent-shaped cells with their concavities inwards. Outside these are layers and layers of cells similar in shape but larger in size. These nests are formed by the very rapid proliferation of cells at various foci in the tumour.

The cells first formed at any focus are pushed towards the periphery by the constant and rapid growth in the centre, and become flattened and crescentic by the resistance offered by the surrounding tissues. The chief significance of these nests is that it indicates comparatively slow cell-growth.

The above are the chief points which are characteristic of this malignant kind of epithelial growth.

Summing these points up, epithelioma is distinguished from a benign or innocent epithelial growth, commonly called papilloma, by the fact that the epithelium, in place of remaining in its normal relation to the subjacent corium and connective tissue, invades these structures by the lymphatic spaces. When this occurs the growth becomes malignant, the vegetative power of the epithelial growth rapidly increasing.

Now, as to the locality where these growths are found, they most frequently occur at the junctions of mucous and cutaneous surfaces, such as the lips—usually the lower one—the tongue, arms, retro-preputial fold of penis, on the skin, and especially in old cicatrices.

As to the age at which they appear, they are seldom met with before the age of 35.

As an exception to this, there is at the present time a case in Luke ward, a man aged 24, under the care of Mr. Davies-Colley, who has been operated upon for epithelioma of the anus. These exceptions are rare.

The termination of carcinomata and sarcomata invariably (provided surgical interference has not been invoked) is to cause death by direct extension to important structures, or by dissemination in vital organs, or from exhaustion caused by pain and discharge of blood and pus.

Having given you a general idea of this form of growth, we will come to the region with which we are more nearly concerned, epithelial growths occurring in or around the jaws.

Taking the antrum first. Here two varieties are met with—one in which the growth originates from the lining membrane, and the other in which the growth invades the antrum from some neighbouring part. These are called respectively primary and secondary epithelioma. The first or primary is of rare occurrence. When seen it forms a very vascular tumour of a very villous nature, which gradually causes distension of the antrum, and finally invades the alveolus of the upper jaw.

The lining membrane of this cavity is composed of two kinds of cells—columnar cells, and those lining the secreting glands, which are spheroidal.

The growth originating from the columnar cells is called the columnar-celled epithelioma—that from the spheroidal cells which lines the secreting glands is called the spheroidal or glandular-celled carcinoma.

The secondary kind, or that which invades the antrum from without, is usually of the squamous variety, and from its insidious nature of creeping in all directions and destroying the parts with which it comes in contact, it is called creeping epithelioma.

The onset of this growth is very sudden, it spreads very rapidly and invades deeper parts, so that its prompt recognition is of great importance. Heath, writing of growths within the antrum, says, "That the attachment of any growth to the roots of extracted teeth should excite suspicion as to the presence of serious malignant disease within the antrum." A microscopic section will at once elucidate the nature of the growth.

It is suggested by M. Reclus that the disease originates in one of the periosteal cysts found attached to the roots of teeth. It may very probably arise from some portion of the fœtal tooth-band which have not been used up in the formation of the teeth. Next, taking the region of the palate and lining membrane of the gums.

Malignant growths of the palate, especially those of an epithelial character, are rare. Two kinds are observed, one the squamous-celled epithelioma, the other the glandular-celled carcinomata.

When the squamous variety is met with, it is usually difficult to decide whether it is a primary growth of the palate or a secondary one invading it from the gums.

The glandular-celled variety is also rare, and when present, arises from some of the numerous glands, which

are lined with columnar cells. Leaving the palate we come to the growths which arise from the lining membrane of the gums, these being of the squamous variety. Growths of an epithelial nature are not so rare here as those of the palate. From the gums usually the so-called creeping epithelioma has its primary origin; this growth, which we have already seen, invading the antrum as a secondary one.

It is probable that epithelioma of the gums arises from some long-continued irritation, such as the sharp cervical edges of a carious tooth, or from the constant irritation produced by a badly-fitted denture. This growth very soon ulcerates, due no doubt to the constant irritation prevalent in this part of the mouth. This ulcer may be mistaken for some simple ulcer, such as the syphilitic, dyspeptic, or the remains of an old chronic abscess from a tooth. However, after treating these supposed simple ulcers with the usual treatment for a few days, and finding the ulcers enlarging and induration becoming marked, its nature will soon become apparent.

This form of growth runs a very rapid growth, invades the cheek, tongue, alveolus and so into the bone itself, absorbing and infiltrating the tissues it comes in contact with.

Coming now to epithelioma of the lower jaw—here also two kinds are described, the squamous and columnar epithelioma. These are met with as primary growths of the jaw, but it is also invaded from without by a primary growth from the tongue or lips, and therefore being secondary when found in this region. The squamous variety has precisely the same character as that of the growths occurring in the gums of the upper jaw, and therefore need not again be described.

The columnar variety appears to be very rare. Eve records one case mentioned in Heath's book, this was an immense growth weighing four pounds six ounces. It appears it commenced in the interior of the jaw. On microscopical examination, masses and cylinders of epithelial cells were found, resembling the epithelial elements of the multilocular cystic epitheliomatous tumours of Eve; but with the absence of the cysts, this undoubtedly was malignant in origin, and as far as I am able to see, it is only a variety of those epithelial growths above mentioned which arise in connection with the enamel organ; one had taken on a much more rapid course and presented all the characters of malignancy.

One cannot refrain, whilst speaking of the columnar-celled growth, from saying a few words respecting these multilocular, cystic, epitheliomatous tumours, which arise from some aberration of the enamel organ. They are not usually classed under the head of malignant growths, but, as before stated, here was a growth which originated from the interior of the jaw, most probably from some remains of the involuted epithelial tooth band, showing every clinical characteristic of a malignant epithelial growth; the only distinction, as far as one is able to observe, is the absence of the cystic elements usually observed in multilocular cysts. Multilocular epithelial cysts in their mode of growth show but little of a malignant character. They are of slow growth, rarely implicate the neighbouring lymphatic glands, confine themselves solely to the interior of the jaws, and so seldom fungate or involve adjacent structures, and rarely recur after removal. They, however, produce great deformity of the jaws, as can be seen by the specimen handed round.

Their low degree of malignancy is no doubt explained by the fact of their low vascular supply, the tendency of the epithelial cells to break down and degenerate, and also the fact that they are contained within a bony capsule. They clearly arise from some remains of the embryonic tissue of the zandleiste, and are lighted up into active growth by some continued irritation, such as a chronic abscess, periosteal cyst, and from numerous other affections peculiar to diseased roots. These facts I put forward in justification of placing these tumours under the head of malignant growths.

Now, gentlemen, to come to the sarcomata met with in the region of the jaws. First, I think it will be advisable to give a brief outline of this kind of growth, as I did with the previous form.

A sarcoma is a malignant tumour composed of connective tissues more or less embryonic in type, and is essentially of mesoblastic origin. These sarcomatous tumours may be simply made up of cells resembling granulation tissue, such as the round-celled sarcoma, or there may be in them a partial formation of fibrous tissue, cartilage, bone, in fact, any of the connective tissues, so that wherever connective tissue is found, so from that structure may arise a sarcoma.

The cells of which these tumours are formed consist of masses of protoplasm without any distinct cell-wall, and contain one or more nuclei.

The matrix in which they are imbedded has no definite structure, it is usually very minute in quantity, so that the cells appear to be closely packed and uniformly distributed throughout a section, thus widely differing from the carcinomata in the fact that these growths, as already stated, have alveoli or spaces in which the cells are contained. The vascular supply is usually large. The vessels run through the growths in all directions; in fact, in some of the smaller vessels their walls are made up of the sarcomatous cells; this is a striking fact, and shows the mode by which these growths are disseminated, namely, through the vessels, thus differing from the carcinomata, whose vessels run in the stroma and not amongst the cells.

Lymphatics have not been demonstrated in these growths. This accounts for the fact that the lymphatic glands in the vicinity of these growths are but seldom affected, excepting growths in the testes and tonsils.

They most frequently occur in the young and middle-aged rather than in the old.

Sarcomata differ very widely from each other, according as they are made up of one or another connective tissue. One noticeable feature is that a freshly cut surface presents a homogenous, structureless appearance,

with entire absence of fibrillation. Some present a fairly definite capsule, but the more cellular forms infiltrate in the manner common to all malignant growths.

Sarcomata are divided up into four main classes, namely:—Round-celled, large and small; spindle-celled, large and small; mixed celled, small; mycloid, or giant-celled sarcoma. All these again present numerous well-defined varieties, such as the melanotic sarcoma, characterised by its brownish pigmentation, glio sarcoma, lympho sarcoma, and many others space will not permit me to describe. Any of these main classes may be found in or around the jaws, therefore a brief outline of them may not be out of place.

The round-celled growth is the simplest form of sarcoma, and is divided into the small and large-celled growths. The small is composed of the most elementary type of connective tissue, the typical embryonic tissue. Unfortunately it is the most malignant of the group, grows very rapidly, infiltrates locally, and, spreading by the blood-vessels, gives rise to secondary growths. It occurs especially in the fasciæ and loose alveolar and subcutaneous tissues, in the connective tissue of the nerve centres, bones, muscle, etc. To the naked eye they appear very soft, vascular, pulpy growths.

The large round-celled growth affects especially the submucous tissue of the pharynx and posterior nares. It is not so malignant as the former kind, and rarely gives rise to secondary growths.

The spindle-celled growths are also divided into the small and large. In this class there is an attempt at the formation of the more highly organised connective tissue, than in the small round-celled form. The cells become elongated and present a spindle or fusiform appearance. Blood-vessels are not so numerous.

The small-celled growths are found growing in connective tissue in almost any position, but especially in the fasciæ and periosteum.

The large-celled growth grows in the same positions, but more frequently from the skin. It seldom reaches a large size, but its growth may be very rapid. It infects locally, and gives rise at an early stage to secondary growths in the glands; this, as already explained, being quite an exception with sarcomata generally.

The mycloid or giant-celled sarcomata is histologically a variety of the spindle-celled class, and occurs wherever red marrow is found. In this growth you have large, well-formed giant-cells, these being present probably from the positions in which they are found, namely, in the shaft or epiphyses of the long bones, under the periosteum on the outer surface or within the lower jaw. The cells are multinucleated; in size they are twenty to thirty times larger than a leucocyte. Not only is this growth composed of these cells, but you find intermingled with them oval or spindle-cells. It is the least malignant of the sarcomata, and it can be generally stated that the greater the number of giant-cells, the less the malignancy of the growth. It grows slowly, and may attain a considerable size, is moderately firm, and has a characteristic reddish-brown or maroon colour.

On section, the peripheral portion sometimes presents small fragments of bone. The central portion is not so deep in colour. Hæmorrhages are numerous, and at certain points are cysts containing yellow or brown gelatinous material. This form of growth seldom gives rise to secondary ones and if completely removed rarely recur. It occurs mostly before the age of 25. This growth, as I have already said, is of frequent occurrence in the lower jaw. Perhaps, to make growths found in or on bone more clear to you, it will be advisable to give you a few facts concerning sarcomata in bone.

They are divided into two classes, the central or endosteal, growing from within the bone; the sub-*periosteal, growing from the periosteum*, surrounding the bone. Either of these growths may be composed of any variety of connective tissue-cells, though, generally speaking, the endosteal growth is usually of the mycloid variety. This grows almost invariably in the cancellous tissues of the articular extremities of long bones, being common also in the jaw-bones, more especially in the lower jaw. Commencing in the cancellous tissue, they soon extend into and infiltrate the compact bone, gradually expanding it and altering its shape. The thin and expanded bone covers the growth like a shell, whilst from the periosteum new bone may be produced to supply the place of that which has been destroyed. As the tumour increases it bursts through its osseous capsule in places, and infiltrates the soft tissues.

These growths are of very variable consistence and exhibit a great tendency to break down in their centres and form cystic cavities.

The periosteal kind originates from the deep layer of the periosteum. As they extend in size they infiltrate the surrounding tissues, and, in addition, grow into the bone itself. They are usually firm, elastic growths, occurring on one side of the bone, not expanding the bone on being covered by a bony capsule.

Both the endosteal and periosteal growths are very liable to secondary changes, such as calcification, chondrification and ossification.

Now, gentlemen, having gone somewhat minutely into sarcomata, I shall next describe some of the common ones found in the jaws.

The round-celled sarcomata is most frequently found in the antrum. They are very soft and succulent, and of very rapid growth. They quickly spread to neighbouring cavities. As they increase in size they expand the walls of the antrum. Thus, they push inwards the inner wall of the nose, the floor of the orbit is pushed upwards, they extend backwards into the pharynx, and downwards, causing the hard palate to budge, or else make their way between the two layers of the compact tissues of the alveolar process, and, after loosening one or more of the teeth, fungate through the gums.

This kind of growth is also somewhat commonly met with in the palate; it may grow in any position, but is usually found at the sides. Its rate of growth is extremely rapid, and it is also very vascular. From this circumstance it may be mistaken for a nevus, which is common in this region.

The round-celled variety is also found in the lower jaw, but they appear to be rare. When they do occur they generally arise from the periosteum, and present rounded vascular growths arising from one side of the jaw, generally the inner. The spindle-celled growth is also found in this region; the cells are usually of the large variety.

They are well described by Crampton. He says—"The first indication of this formidable disease is the appearance of merely a small swelling or projection of gum between two of the teeth. These soon become loose and are consequently forced inwards or outwards. As the tumour enlarges it assumes a tuberculated appearance, the tubercles varying in colour from a light pink to a deep purple. They are firm in structure, perfectly indolent, and do not readily bleed. The growth extends in all directions until the mouth is entirely filled." The growth does not show evidences of infiltration as do most of the others, but appears to push the structures in front of it.

It generally shows signs of calcareous degeneration. It does not ulcerate unless irritated by caustics. Both the round and spindle-celled growths are often found mixed up with cartilage and bone, so that we get two mixed varieties, the chondro-sarcomata and the osteo-sarcomata.

Now, lastly, the mycloid or giant-celled growth. This is of frequent occurrence, and usually arises from the cancellous tissues of the lower jaw, though it may also occur as a central growth of the upper jaw, as well as forming periosteal growths, but these are rare.

They are generally found in young adults. It is of slow growth, usually expands the jaw symetrically, thinning the outer and inner compact tables, so that on palpation you may get the peculiar parchment-like crackling, sometimes, too, pulsation can be felt.

These growths are liable to fungate; when they do it is generally in the neighbourhood of the alveolus, between two teeth, loosening these and appearing as a round mass. When seen in this position it is called a myeloid epulis.

This, gentlemen, concludes my paper, which I trust may bring forth some discussion.

A discussion followed in which the Chairman, Mr. Dowsett, Dr. Crombie, and others took part, Mr. Musgrove having replied, a vote of thanks was passed to him for his paper. The meeting then terminated.

Appointments.

CIVIL.

Moss, Enoch, M.D. Lond., has been appointed Medical Officer to the Wrexham Union Workhouse.

Sutcliffe, John, M.R.C.S., L.R.C.P. Lond., has been appointed Assistant Medical Officer at Cheadle Asylum.

MILITARY.

Surgeon R. F. Clark, R.N., has been appointed to the *Vivid*, and Surgeon F. C. Stearn, R.N., to the *Pembroke*.

The Disguysed Minstrels' Club.

The Annual General Meeting of the above club was held on the 5th inst. Mr. Golding-Bird in the chair. The minutes of the previous meeting were read and confirmed.

The secretary submitted the following statement of receipts and expenditure for the season 1896–7.

1897.	Receipts.	£ s. d.	£ s. d.
Brighton		10 0 0	
St. George's Hall		158 14 6	
Crystal Palace		241 13 0	
Brixton		102 14 7	
Woodford		47 8 0	
Beckenham		31 5 0	
Richmond		41 15 0	
Peckham		32 1 0	
			665 11 1
			£665 11 1

1897.	Expenditure.	£ s. d.	£. s. d.
Printing		51 18 9	
Advertising		15 10 8	
Hire of Halls, Staging, etc.		48 12 6	
Hire of Pianos		6 7 6	
Payments to Professionals		38 11 10	
General Expenses		111 17 10	
			272 19 1
Paid to Treasurer of the Hospital to complete Endowment of a Cot		270 0 0	
Paid to Treasurer of the Hospital to support two Beds for a year		100 0 0	
			370 0 0
Balance in hand			22 12 0
			£665 11 1

L. E. SHAW, Treasurer.
April 15th, 1897.
JOHN FAWCETT, Auditor.
May 12th, 1897.

Upon the motion of the chairman, the foregoing accounts were unanimously approved.

Mr. Golding-Bird and Dr. Shaw were unanimously re-elected as president and treasurer respectively.

Eight gentlemen were nominated for election to the committee, Messrs. A. Allport, A. A. Miller and W. R. Cazenove received the highest number of votes, and were consequently declared elected. Mr. J. A. Reaside was re-elected secretary.

The meeting closed with a warm vote of thanks to the chairman.

At a meeting of the committee held on the 7th inst. Mr. A. A. Miller and Mr. H. L. Eason were re-elected as stage-manager and orchestral-manager respectively. The vacancy on the committtee caused by the appointment of Mr. Miller to the post, has been filled by Mr. W. C. C. Pakes, who was next in the order of voting at the general meeting.

Guy's Hospital Ladies Association.

We have received the annual report of the above Association and are glad to see the progress it has made. The Association was founded two years ago with the following objects :—

(*a*). To provide clothes to be lent or given to destitute patients on their convalescence or discharge from the hospital.

(*b*). To arrange for ladies to visit the patients in the wards, subject to the following rule :—

"The names of members willing to visit in the wards shall be submitted to, and approved by the committee, who shall arrange with the Medical Superintendent the days and hours of the visits. The visiting is intended to be mainly of a friendly and social character, and visitors, in their conversation with patients, must not interfere in any way with their religious opinions, nor introduce religious topics of a controversial character."

(*c*). To support one or more beds in the Maternity ward at the hospital.

(*d*). To take up any other work in connection with the hospital, which from time to time may commend itself to a general meeting of the Association."

The officers are as follows.—President: Mrs. Fellowes. Executive Committee: Mrs. Charles Barclay, Mrs. Cosmo Bonsor, Mrs. Davies-Colley, Mrs. Howse, Mrs. Frederick Taylor, Lady Wigan. Treasurer: Mrs. Pye-Smith, 48, Brook Street, W. Secretary: Mrs. Lauriston Shaw, 10, St. Thomas's Street, S.E.

There are at present 143 members, and the general arrangements are as follows :—

1. A working party is held in London during the winter, on alternate Wednesdays, from three to five o'clock, at the houses of members of the Association. The secretary will be glad to receive the name of any lady willing to lend a room for this purpose. Particulars will be announced later in the year.

2. The distribution of clothes will be in the hands of the Matron and Sisters of the hospital. Great care will be exercised in this, and reference made, where desirable, to the Charity Organization Society.

3. It is suggested that members who purpose making garments at home should communicate with the secretary, in order to ascertain what articles are most needed.

4. The names of ladies willing to visit in the wards should be sent in the first place to the secretary.

5. No eatables of any kind, sweets included, are allowed to be given to patients, except through the Sister of the ward.

6. Parcels of old clothes, flowers, and fruit for the patients, should be sent to the Ladies' Association, c/o the Matron, Guy's Hospital, S.E., and should have the name and address of the sender firmly fastened inside.

Local branches are now being formed in the suburbs, and ladies willing to help in the coming winter, or act as secretaries, are requested to communicate with Mrs. Shaw. There is very great need for clothes by destitute patients leaving the hospital, and a great deal of good may be done by those helping in this line alone. The other excellent objects of the Association speak for themselves. Finally, the Association are proposing to maintain a bed in Queen Victoria Ward, and it will be very creditable if they are able to do so; for £50 a year is no little drain on the funds of so small a society.

Nursing News.

(Contributed by the Matron.)

The constant changes in the wards caused by the holidays of sisters and head nurses is now, we are glad to say, nearly over. In another fortnight everyone will be back at work and all thoughts will be turning towards preparations for Christmas.

The list of candidates who have passed the surgical examination is very late in appearing, but at last we are able to publish it. We much regret that the marks obtained have not been up to the usual average, and that the number of those not passed is larger than usual.

Names of those who have passed the surgical examination, August, 1897 :—L. Adeney, M. C. Allen, E. Andrews, C. Arnold, M. Atkinson, F. Baker, R. Barber, G. Bowen, M. Broomfield, F. E. Brown, M. A. Brown, M. Bullock, M. I. Burdett, M. Burrows, J. Candy, V. M. Carey, E. Collins, G. E. Custance, R. C. Daniells, C. Davies, E. M. Davies, I. Dolling, A. M. Eagle, K. Finnemore, G. Frankham, A. M. P. Grasett, M. P. Greg, S. A. Grice, K. R. Hands, L. V. Haughton, L. B. Haydon, B. Hope, F. J. Jackson, E. M. Jeffrey, M. Knox, L. F. Lane, A. March, M. C. Martyn, M. L. Naile, H. F. Newton, M. M. Parlby, L. S. Pearce, S. F. Pollard, M. S. Potter, F. E. Pullin, E. Ransford, M. A. Renwick, H. M. Simpson, K. E. G. Taylor, S. Tonkin, B. Tuke, E. E. Vincent, C. A. Warren, A. Willes, M. B. Wood, E. Woodward, M. C. Woolmer.

We congratulate N. Berry on her appointment as matron of the Cottage Hospital at Easingwold in Yorkshire. She left here on September the 29th, and has already commenced her new duties.

Sister Patience has just accepted a Government appointment in Central Africa, and may have to start at the end of November.

The following changes are some of them of several months' standing, but were not notified at the time they occurred. Both Nurse Bowes and Nurse Tillot have resigned their wards to join the Guy's Private Nursing Staff, and Probationers Bennett and Thain have taken their places. Nurse Ballantyne obtained a post at the Lewisham Infirmary, and Nurse Attwell left at the end of

three years' training. Probationers J. Gray and Mann have been made head nurses in Patience. Nurse Miller left at the end of her training and Probationer Baker has been made head nurse in Martha. Probationer Hockley succeeded Nurse Creighton in Bright, and Probationer Graham Nurse Berry in Accident.

From the Gazette's Special Pathologist.

NOTICES.

J. A. B., Bromgrove.—No tubercle bacilli could be detected in this specimen of sputum.

H. V. R., Fordinbridge.—Tubercle bacilli are present in the sputum in fairly large numbers. Please send sputum to us in a clean wide-mouthed stoppered bottle.

E. R. N., Hastings.—Reaction acid; sp. gr. 1028. Albumen, blood and sugar absent. *Microscopical examination.*—The deposit from the centrifuge contains urates and stellar and triple phosphates, but no constituents of patholohical import. PATHOLOGIST.

Novelties in Therapeutics.

The following letter, written and published apparently in good faith and sobriety, is rescued from the columns of an ephemeral contemporary, and again given to the world for a solution of the profoundly unintelligible, and possibly humourous, remarks which it contains:—

Red Force.

Sir,—In a rough note on the principles grasses teach the chemist, whereby he may prepare more efficient medicines for doctors' use, I suggested that probably all red is tonic, yellow laxative, and blue "cardiac" (affecting the heart variously according to dose). I have applied this to some purpose in combining sulphur with yellow agrostis, three or four cases of irritable dyspepsia with constipation finding benefit. Probably nux would assist this combination in an emergency, but soon discontinuing it and going on with the hygienic medicine only. Ferric phosphate was tried with *blue* with less evident benefit.

Red agrostis might be helped by the iron salts, but it grows largely in soil containing these, and is powerful enough alone.

It may be asked, "Are red fruits—currants, gooseberries, grapes—tonic?" Yes, assuredly, in their sphere, we shall find their stimulating power in case of fatigue or any low state, and the yellow sorts more curative of liver ailments.

The development of red in fruits and herbs may rightly be regarded as the climax of summer power, yet not possessing a deeply-rooted action as a remedy. Invading ailments are shattered by it. I have seen injuries to the head, bringing tremor and paralysis, stopped by red agrostis immediately. But deeply-rooted maladies require the purifying influence of green grass. A poor lad injured the foot a year ago, nail drawn, and other operations; system poisoned now; doubtful if even these alteratives could save him, but it is safe to say red would have allayed all pain at the time, and restored normal action if mechanically possible; it succeeds in hernia.

A girl, 15, turning anæmic and dyspeptic, and in "rather a hard place for her age," finds she can do her work well, eat well, and will grow a strong woman by red agrostis' help, for the power is never lost like that of "poison drugs."—Yours obediently,

31, Bishop's Road, S. JAMES.
Highgate, N.

Papers by Guy's Men.

A Case of Double Vasectomy; Death; Partial Necropsy. By W. Frank Colclough, M.B., B.C. Cantab.—*Lancet*, September 11th.

Post-graduate Address on the Medical Aspects of Appendicitis. By Donald W. C. Hood, M.D. Cantab., F.R.C.P. Lond.—*Lancet*, September 18th.

A Plea for a Revised Nomenclature of Operations upon the Alimentary Canal. By A. Earnest Maylard, M.B., B.S. Lond.—*Annals of Surgery* for September.

Chorea in relation to Scarlet Fever. By James Priestley, M.D.—*British Medical Journal*, September 25th.

Introductory address at the opening of the Medical School, University College, Sheffield. By Dr. Pye-Smith, F.R.S.—*Lancet*, October 2nd.

Birth.

ROWELL.—On September 24th, at East Rudham, Norfolk, the wife of Herbert Ellis Rowell, L.R.C.P. Lond., M.R.C.S., of a daughter.

Marriage.

FEATHERSTONE—WILLS.—On September 22nd, at the Parish Church, Chapel-en-le-Frith, by the Rev. J. P. Cort, vicar of St. Anne's, assisted by the vicar, the Rev. Dr. Gwin, and the Rev. W. H. Austwick, of St. Mary's, Higher Crumpsall, George W. Beaumont Featherstone, M.R.C.S. Eng., L.R.C.P. Lond., of Chorlton-cum-Hardy, Manchester, eldest son of the late B. B. Featherstone, Esq., of Wandsworth Common, London, to Mary M. (May) Wills, eldest daughter of Charles J. Wills, Esq., of Bank Hall, Chapel-en-le-Frith.

Deaths.

CARNELLEY.—On September 18th, at Fallowfield, in his forty-first year, Matthew Carnelley, M.R.C.S., L.R.C.P., of Ruddington, Northamptonshire, the dearly loved son of William Carnelley, of Fallowfield, Manchester.

KENNARD.—On the 4th inst., at Rosslyn, Torquay, Vivian Ernest Kennard, of Thatched Cottage, Hampton Wick, aged 20.

Ed.—F. E. W.

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Calendar of Coming Events.

October.

Sat. 23.—1·15 Clinical lecture by Dr. Hale White.
Mr. Howse's take-in; Drs. R. J. Pritchard and H. S. Crapper; Cl. R. T. Fitz-Hugh.
G.H.R.F.C., I., Old Leysians, away.
II., Marlboro' Nomads, away.
III., Beckenham, home.

Sat. 23.—G.H.A.F.C., I., Cheshunt, away.
II., London Hospital II., home.
Meeting of the Debating Society at 7.30 p.m.

Mon. 25.—Final M.B. London Exam. begins.

Wed. 27.—1·30 Clinical lecture by Mr. Davies-Colley.
Mr. Davies-Colley's take-in; Drs. J. T. De Coteau and W. S. Richardson; Cl. W. Mussellwhite.
G.H.A.F.C., II., Royal Coll. Science, home.

Thu. 28.—G.H.C.U., Address by Professor Shuttleworth on "Fellowship."

Sat. 30.—1·15 Clinical lecture by Dr. Hale White.
G.H.R.F.C., I., Cardiff, away.
II., St. Thomas's II., home.
G.H.A.F.C., I., Ewell, home.
II., Ewell, away.
G.H.P.S. Paper on "The Chemical Examination of Gastric Contents," by F. Shufflebotham, at 8 p.m.

November.

Mon. 1.—Last day for applying to Registrar for Form of Entry for M.D. and M.S. Lond.
G.H.R.F.C., I., Penarth, away.

Wed. 3.—1·30 Clinical lecture by Mr. Davies-Colley.
Mr. Lucas' take-in; Drs. E. W. S. Rowland and F. E. Walker; Cl. A. E. Porter.
G.H.A.F.C., II., Enfield Wednesday, home.

Thur. 4.—G.H.C.U. Address by Rev. T. H. Darlow, of New College Chapel, on "The Print of the Nails."

Sat. 6.—1·30 Clinical lecture by Dr. Hale White.
G.H.R.F.C., I., Catford Bridge, home.
G.H.A.F.C., I., Surbiton, home.
II., Surbiton II., away.

Guy's Hospital Gazette,

OCTOBER 23, 1897.

Acute General Peritonitis.

ABSTRACT OF A CLINICAL LECTURE BY DR. HALE WHITE.

Gentlemen.—I am going to-day to bring before you a case of Acute General Peritonitis, because the patient recovered without any operation being performed.

A boy, aged 15, was admitted into the clinical wards on July 29th this year.

He was always in good health until the present illness. On July 28th he went to his work, but about 9 a.m. was attacked with severe pain in the abdomen. He went home to bed, and stayed there all day, the pain getting worse. In the evening he had a rigor. The next morning he was frequently sick, the pain was as bad as ever, and so he was brought to the hospital mid-day.

On admission.—The boy lies on his back, he is obviously in great pain; his tongue is covered with a white fur but is quite moist, and he tells us that his bowels have not been properly opened for four days. The abdomen is uniformly distended, it is tympanitic all over, and hardly moves on respiration, it is excessively tender, for he will barely let you rest your finger on it; the abdominal muscles are contracted and hard. He complains of pain on micturition. His pulse is 132, regular, and of normal fulness. His respirations are 36, and his temperature is 104·6°.

These symptoms showed clearly that the patient was suffering from acute general peritonitis. The all-important point we had to decide was whether or not we should call in a surgeon with a view of, if he agreed, opening the abdomen and washing it out. In this case we decided that the boy stood a fair chance of getting well without any operation, and our reasons were that he had not the facial expression characteristic of severe peritonitis, that his tongue was perfectly moist and the fur

was not brown, that his pulse was very good, and that his legs were not drawn up. All these signs pointed to the fact that the peritonitis was not severe, and also indicated that there was no pus inside the abdomen, and that therefore the peritonitis was what is called plastic—that is to say, there was a good deal of lymph exuded, but no pus.

Having come to this decision, we adopted the following treatment.—We gave the patient opium, because we wished to paralyse the movements of the bowels and to relieve his pain. The best way to do this is to give a large quantity of opium within the first few hours, and when these ends are attained to give as little as you conveniently can. The boy was ordered 10 mins. of tincture of opium at once, and 7 mins. to be given every two hours until he was under its influence. Here let me point out to you that the state of the pupils and the complaint of pain are better guides than the respiration as to whether too much opium has been given, for peritonitis itself hampers respiration. Many put a little belladonna with the opium, in the hope of preventing the sickness, light-headedness, and other disagreeable symptoms liable to be produced by the opium. If the patient is very sick, or if the opium makes him so, you should give morphia subcutaneously. We ordered hot fomentations to be applied to the abdomen. The heat relieves the pain, and the covering to the abdomen prevents the patient from feeling it. Often the pain is so severe that he can bear nothing on it, and he may require a cradle to keep off the weight of the bedclothes. He was ordered an ounce of milk every hour. These patients do not want much food. He was allowed to suck ice to relieve the thirst of which he complained, and which is often extremely distressing in peritonitis. As at any moment we might think it advisable to open the abdomen, we, in telling his friends how seriously ill the boy was, told them this, and they agreed that an operation should be performed if necessary. I asked Mr. Fripp to see the patient with me, for it is always advisable that if an operation may become necessary, the surgeon who will have to perform it should have seen the case from the beginning, and further, I wanted to know whether he agreed with me that the patient then did not require an operation. He did agree.

July 30th. The patient appears a little better, his tongue is less furred, and his pulse is 120. The abdominal distension, tenderness and pain, are, however, rather more marked. In the evening, as the vomiting had all day long been very troublesome, the ice was stopped. Many patients suffering from abdominal disease owe their vomiting to the ice they are allowed to suck. It is most important for you to remember this.

31st. The patient looks better. He has a good pulse and the tenderness is much less; the distension is, however, much the same. In the evening he began to be sick again, although the stopping of the ice had resulted in his not having vomited for twenty hours. As vomiting is one of the most unfavourable signs in peritonitis—indeed, persistent vomiting almost always means death—you must at all costs try to stop it, and if it continues when the patient has left off the ice, you must give no food by the mouth, and feed him per rectum. Accordingly, we ordered this patient nutrient suppositories, and nutrient enemata alternately every four hours. These would not have been retained if the bowels were not first thoroughly opened, so an enema of three ounces of olive oil and one ounce of castor oil was given, and this, as it acted, had also the advantage of diminishing the distension. If the vomiting persists after the rectal feeding, I think the best thing is to wash out the stomach, for the drugs usually recommended to relieve vomiting are of very little use. As the patient was well under opium, and this drug might have had something to do with the vomiting, we reduced the amount to one-third of a grain every six hours.

August 1st. The olive oil enema acted well last night. The patient is better, he has not been sick, and the abdominal distension is less. He is occasionally allowed a few drops of water or milk by the mouth to relieve his thirst.

With the exception that on August 3rd and 4th the tongue was rather brown and dry, the patient's progress was uninterrupted, very gradually he was allowed food by the mouth, and he left the hospital quite well on September 9th.

The temperature in this case was very irregular, and there is no temperature chart specially characteristic of acute peritonitis, but a temperature suddenly becoming very high, or a temperature suddenly becoming very low augers ill, and nearly always means that the patient is very near death. A very low temperature at the commencement of the illness indicates that the peritonitis is due to perforation. If the temperature is well below normal during the whole of the case it is likely to end fatally.

I have not discussed the cause of the peritonitis, because very often it is impossible to make this out, and so you will have to act without knowledge of it. In a boy of this age the most likely cause is disease of the appendix. There is very little to add to the symptoms. In very severe cases the patient looks more collapsed, he has an ashen livid countenance, his eyes are sunk and his face is drawn, his skin is perspiring and he feels cold. Many patients throw their arms over their head in addition to drawing up their knees and lying on their backs. You should remember that the pain is unlike that of colic in that it is all over the abdomen, it is not griping, it does not double the patient up, nor is it relieved by pressure, it is, however, agonizing. The mouth is often very sore and covered with white patches, the tongue is dry, brown and cracked, and there are sordes on the lips. The abdominal muscles are often very rigid and board-like, and often the abdomen is very retracted. In bad cases the pulse is rigid, small, thready or wiry. Vomiting is an early symptom; very little is ejected at a time; late in the case the vomited matter may smell very foul. Usually the patient does not complain of nausea. Hiccough is a bad sign; headache, sleeplessness, and restlessness are all common. As in our patient, the onset is usually sudden. He had a rigor, but this is rare. The pain on micturition is another rare symptom, probably it is due to the involvement of the peritoneal coat of the bladder.

My main object has been to show you that there are cases of acute general peritonitis which can get well without an operation being performed. In such cases, the exudation never becomes purulent. The chief symptoms which should bring you to the determination not to operate on the patient are his general aspect, the state of his tongue, the state of his pulse and the frequency and persistency of the vomiting. If the case be one in which pus has formed, it will not recover unless the abdomen is opened and the peritoneal cavity thoroughly cleansed. But this is a very serious operation, and usually fatal; in fact, it is one of the most fatal operations in surgery.

The Services.

(From our Special Correspondent).

The services of Surgeon-Capt. C. M. Fleury, A.M.S., Surgeon-Capt. H. St. John Fraser, I.M.S. (Madras), and Surgeon-Capt. E. Christian Hare, I.M.S. (Bengal), are placed temporarily at the disposal of the Military Department, Government of India.

Hospital News.

CLASSIFIED LIST OF CASES.

In the Medical Wards.

Circulatory System.

Mary	4, 7. Mitral stenosis.
	9. Pulmonary regurgitation. Ulcerative endocarditis.
	10. Mitral stenosis and regurgitation. Hypertrophied and dilated heart.
	12, 15, 42. Mitral regurgitation.
Philip	19. Ulcerative endocarditis.
	21, 24. Mitral disease.
	29. Aortic regurgitation.
	30. Obstruction of superior vena cava. Cicatrisation from mediastinal gumma.
	35. Mitral regurgitation.
Stephen	7. Aortic aneurysm.
	26. Mitral regurgitation.
	37. Aortic and mitral regurgitation.
	Cot. Congenital heart disease.

Nervous System.

Mary	20, 40. Peripheral neuritis.
	48. Chronic myelitis.
Philip	11. Locomotor ataxy. Aortic disease.
	17. Peripheral neuritis. Paraplegia. Myelitis.

Alimentary System and Abdomen.

Mary	11. Chronic gastritis. ? Carcinoma.
	29. Tuberculous peritonitis.
	31. Pelvic peritonitis.
Philip	4, 14. Appendicitis.
	33. Dysentery.
	37. Carcinoma of pylorus.
Stephen	4. Ascites. Enlarged liver.
	21. Lead colic.
	24. Appendicitis.

Typhoid Fever.

Mary	18, 25, 45.
Philip	6, 11, 34.
Stephen	5, 15, 32, 33, 38.

Genito-Urinary System.

Mary	8, 22. Diabetes mellitus.
	28. Chronic tubal nephritis.
Philip	9. Chronic tubal nephritis. Ascites.
	23. Hæmaturia.
	28. Sub-acute nephritis.
	31. Diabetes mellitus.
	40. Tubal nephritis.

Stephen 9, 25. Tubal nephritis.
17. Chronic nephritis.

Respiratory System.

Mary 1, 23, 27. Phthisis.
5. Bronchitis. Cyanosis.
16. Broncho-pneumonia.
19. Bronchiectasis. Fibroid lung.
39. Lobar pneumonia.
47. Empyema.
49. Chronic bronchitis.
Philip 2, 26. Phthisis.
8. Pleuritic effusion.
13. Bronchitis.
20. Empyema.
Stephen 1, 35. Phthisis.
6, 16. Pneumonia.
13. Pleuritic effusion.
28. Broncho-pneumonia.

Miscellaneous.

Mary 3. ? Influenza. ? Appendicitis.
24. Eczema.
33. Phlegmasia alba dolens.
46. Osteo-arthritis. Mitral regurgitation.
Philip 3. Eczema.
Stephen 31. Lupus.

In the Surgical Wards.

Cases under Mr. Howse.

Naaman 2. Malignant pustule. Tuberculous hip and necrosis of ileum.
Charity 2. Pulpy knee.

Cases under Mr. Davies-Colley.

Lydia 3. Recurrent carcinoma mammæ.
3. Ranula.
4. Adenoma mammæ.
18. Congenital stricture of anus.
21. Moveable kidney.
Luke 7. Hæmorrhoids.
12. Carcinoma of breast.
14. Varicocele.

Cases under Mr. Lucas.

Astley Cooper 2. Popliteal abscess.
3. Dislocation of elbow. Fractured radius and ulna.
6. Compound fracture of tibia and fibula.
Lydia 12. Talipes equino-varus.
Charity cot. Imperforate anus. Colotomy.
Job 2. Tuberculous glands.
16. Epithelioma of floor of mouth.
2, 25. Inguinal hernia.

Cases under Mr. Golding-Bird.

Cornelius 8. Synovitis and injury to knee.
Astley Cooper 1. Fractured clavicle.
9. Sub-coracoid dislocation of shoulder.
31. Compound fracture of radius and ulna. Fractured ribs.
Lazarus 1. Retained testes.
2. Varicocele and varicose veins.
12. Internal derangement of knee.
16. Tuberculous ankle.
20. Epithelioma of lip.
Martha 20. Excision of eye-ball.
Cot B. Hydrocele.
Cot D. Knee. ? Syphilitic.

Cases under Mr. Jacobson.

Naaman 18. Double mastoid abscess.
Dorcas 1. Hydronephrosis.

Cases under Mr. Dunn.

Lazarus 7. Intestinal obstruction.

"Clinical."

John. 1. Abdominal tumour.
2. Abdominal tumour.
4. Growth of ascending colon. Colotomy.
6. Pneumonia.
7. Left lobar pneumonia. Pleural effusion. Pericarditis.
8. Acute rheumatism; 6th week.
9. Acute tonsillitis.
10. Typhoid.
11. Mitral disease.
14. Mitral and aortic disease.
15. Laryngeal stenosis. Tracheotomy.
16. Chronic intestinal nephritis.
Miriam 17. Congenital hypertrophy of sigmoid. Colotomy.
18. Chronic gastritis.
19. Cirrhosis of liver. (Atrophic).
20. Renal tumour. ? Tubercular.
21. Typhoid.
22. Aberrant renal calculus. Urinary fistula.
23. Appendicitis.
24. Typhoid.
25. Infantile convulsions.
26. Empyema.
27. Appendicitis.
28. Broncho-pneumonia.
29. Intestinal obstruction. Colotomy.
30. Lobar pneumonia.
32. Acute rheumatism. Relapses.
Cot 33. Broncho-pneumonia.
34. Intussusception.
35. Broncho-pneumonia.
36. Marasmus.

Case for Diagnosis.

J. W., æt. 16, an errand boy, was admitted on October 6th, for "paroxysmal dyspnœa." Family history unimportant. *Personal history.*—He had never been a very strong boy; had typhoid three years ago; for the last year he has suffered from a cough which got worse during the last three months, but it has never been bad enough for him to seek any advice for it. On the morning of October 3rd he was in his usual health, but in the evening felt rather unwell, though he passed a good night. Next morning he went out to get some milk, and on coming back he was seized with a fit of dyspnœa and became very blue, falling down in a kind of fit. He quite recovered in two or three minutes and walked back home. During that day he had two other similar attacks, but felt quite well between them, the last he had in the evening of that day, and next morning he stayed in bed till late. Immediately on rising he had another attack, and between that time and eleven (when he was brought up to hospital) he had three more. The attacks were now more severe, and each lasted three or four minutes. When he was first seen in the surgery he seemed comfortable, breathing about 30 per min. but with slightly inspiratory stridor. At this time he was quite able to give an account of himself and talked with no difficulty. While he was being examined his breathing quickened, and the stridor became more marked and he became very blue. This attack soon passed off, and he apparently was perfectly well. He was admitted at once into Clinical.

On admission.—11.30 a.m. pulse 68; respiration 38; temperature 97·4°. Patient was extremely pale, lying with his head bent somewhat forwards, and he had distinct inspiratory stridor; his larynx and trachea did not move much on respiration, and there was no sucking in of rib spaces. Chest fixed in position of inspiration, resonant, and markedly emphysematous. Inspiratory murmur well heard; expiration feeble and prolonged; air entered well all over the chest. Heart normal. Urine contains ½ per 1000 albumen, 5 per cent. urea.

Progress and treatment.—For a quarter of an hour after admission patient seemed very well, then his breathing quickened, inspiratory stridors became more marked, and chest quite fixed. He got very blue, and oxygen was administered, on which he improved. The attacks then succeeded each other very frequently, and patient was continuously struggling for breath. Oxygen was given continuously for an hour. The obstruction at this time was thought to be in the lungs and not in the trachea. He was given stramonium and lobelia ætheris, pot. brom., and Himrod's cure, on the chance of its being asthma. Patient steadily became worse, and at this stage oxygen gave him no relief. He then developed distinct jactitating movements of the limbs, but these soon passed off. Mr. Dunn was called in and suggested tracheotomy as a last chance, although he could feel no laryngeal obstruction with the finger. High tracheotomy was performed at 1 p.m. with no relief. Patient passed into comotose condition, the pulse, however, keeping fairly good. The breathing gradually became shorter and shorter and finally stopped at 2 p.m., the pulse stopping a minute later. (For solution see page 512).

F. S. B.

Fracture of the Neck of Femur in a Man aged 96.

RECOVERY WITH PERFECTLY USEFUL LIMB.

THE case on which the following notes were made will, I think, be interesting to readers of the GAZETTE as a good attempt at a best on record; at any rate I cannot in the literature at my command find any case to beat it. It is also interesting as showing what may be hoped for even in unpromising subjects, when strictly scientific treatment has to be abandoned.

C. P., who for the last thirty-five years has earned his living as a peddler, and before that was a stoker on board ship, at one time serving on a transport to and from the Crimean war, was admitted to the Kent and Canterbury Hospital, on 28th December, 1895, at 11.30 p.m. Patient, who was within a few weeks of the completion of his ninety-sixth year, and evidently believed in keeping his Christmas in the good old style, was brought in by the police, who had observed him staggering about the street and shortly afterwards found him lying in the gutter. On examination, patient was found to be suffering, in addition to acute alcoholism, from a typical intracapsular fracture of the left femur. A strapping stirrup was fixed on limb and a long outside splint applied, and next day, before the weight was attached to stirrup, there was one and three-quarter inch shortening. The old gentleman turned out to be a very restless patient, continually trying to get rid of his splint, and for a few days appeared to be on the verge of D.T.

January 7th. Patient's back was beginning to go, and his temperature having for two days been between 100–101°, with râles at the bases of the lungs, it was decided to dispense with the splint and prop up the patient's head and shoulders with pillows—the weight extension was kept on the leg and the eversion overcome as much as possible by sandbags. These measures were followed by some improvement in the lungs and bedsore.

20th. The extension had also to be removed as the skin round the heel and ankle gave way. For the next five weeks patient merely lay in bed without any treatment to the fracture; in fact he was encouraged to sit up in bed and turn over on his side. At the end of eight weeks, his back being healed and cough gone, patient was got out of bed, but it was two or three weeks more before he could be persuaded to walk with the aid of crutches. The limb gradually got stronger, and on the 12th of May patient walked out of hospital with two sticks to seek admission to the Union. The note says, that on discharge, there was slightly under one inch

shortening, some eversion, and comparatively complete bony union.

A few weeks ago I met the old man walking about the City with a large basket of his wares, which he carried on his right arm, and in his left a firm stick—but he walked with only the slightest limp. He informed me that he soon tired of the workhouse and resumed his trade, and that he had carried it on ever since with exception of a few weeks last winter, when he was obliged to go into the Union. J. H. JOYCE.

The Schott Treatment for Chronic Heart Disease.

This method of treatment of chronic diseases of the heart is so often mentioned at the bedside, and so casually noticed in the English text-books, that a brief account of its development and practice may possibly prove of interest to the student of medicine at this hospital. As to its value for the permanent relief of one of the most trying of ailments that flesh is heir to, we do not intend to pledge ourselves. Suffice to say that the system has many devoted advocates, both in this country and more especially on the Continent, and we leave our readers to investigate the subject more deeply, if they feel so inclined.*

The treatment elaborated by the brothers Schott consists essentially of two parts—a system of bathing combined with certain forms of gymnastic exercise. As regards the former, it was discovered in 1882 that various salts, especially the chlorides, when administered in the form of a bath, had a marked effect in modifying the blood-pressure of lower animals, and it was argued that if saline solutions could control the blood-pressure of healthy animals, they would probably do so in diseased men. The waters of the Nauheim springs, close to Frankfort, in Germany, were found on analysis to be suitable for the purpose of experiment, and after numerous trials Schott found that almost any form of heart disease was benefited by the treatment he elaborated. The immediate effect of immersion in the Nauheim baths is to reduce the frequency and increase the force of the pulse, and at the same time there is a reduction in the size of the heart itself, which, though it tends to expand again after the immediate effect of the bath has worn off, is found, as a rule, not to reach its former limit, but gradually, as the treatment is persisted in, to approach to the normal. The effect on the peripheral vessels is dilatation, and thus the general arterial capacity is increased, and without loss of blood, the relief of a general bleeding is afforded to an overloaded and labouring heart. The immediate effect of the bath, perceptible to the patient, is somewhat curious. He often complains of a sense of compression at the præcordia, and he breathes slowly and deeply for the first two or three minutes. Respiration then becomes more easy, but he continues to breathe slower by from two to four breaths a minute. After three or four days there ensues a free diuresis, which may continue for days and weeks, metabolic changes being evidently accelerated and improved, and congested organs probably relieved, to the improvement of the general health of the patient. After the bath, the duration of which is gradually lowered day by day, the patient remains perfectly still in the horizontal position for an hour or more. Dr. Schott and his brother, it is necessary to state, do not claim that the Nauheim waters are unique in their therapeutic influences; on the contrary, they insist that similar effects may be derived from baths artificially prepared so as to resemble the salt-impregnated and effervescing baths of Bad-Nauheim.

Concerning the therapeutic movements, carried out concurrently with the baths, it must be understood that these exercises have nothing in common with what is implied by our English word "gymnastics." They are denominated by their inventors "Widerstandsgymnastik," or gymnastics with resistance, or perhaps more conveniently, resisted movements or exercises. They consist of movements calculated to bring into successive and regulated action almost every collective system of muscles which is comprised in the human frame. Each movement is resisted by an attendant to such an extent as to oppose without arresting it, and a short interval is imposed between each movement, and slow and regular breathing enjoined. As the course proceeds, the energy of the movements is gradually increased. The heart is meantime carefully watched, and its dulness periodically mapped out, and it has been found that in less than half an hour the oblique, long diameter of the area of dulness may diminish by an inch or more, and the liver dulness decrease by a couple of inches. It is not suggested that the whole of such a gain is permanent, for the dilated organs tend to their former dimensions, but, be it well observed, they do not wholly relapse. As with the baths, so with the exercises; the immediate results noticed in most cases are:—retardation of the pulse and increase of its force; contraction of the heart, first on its right side, then on the left; slower and deeper breathing; better colour of the lips; relieved congestion of various organs, such as the liver. During the first few movements, any bruit due to stenosis, may become accentuated, but before the series has been completed any murmurs resulting from valvular incompetence, other than that caused by actual lesion, may be diminished and finally obliterated; heart-sounds, originally inaudible, may become distinct, and an apex-beat that could not under any circumstances be detected may be appreciable to the touch.

Dr. Schott believes that benefit may be expected to accrue under his treatment in all cases of chronic heart disease of valvular or parietal incidence, except where the myocardium has reached an advanced stage of degeneration, or the vessels are the seat of advanced arterio-sclerosis. Improvement amounting to practical

*See Dr. Richard Greene on "The Schott Treatment" (The Scientific Press, 428, Strand); and Dr. Bezley Thorne on "The Schott Methods" (J. & A. Churchill, Great Marlborough Street).

or actual cure has been observed in cases presenting the physical signs usually regarded as indicative of the following cardiac affections:—Stenosis of either aortic or mitral orifice, or of both; incompetence of either or both, with attendant dilatation; dilatation subsequent on myocarditis, on habitual hæmorrhage and on constitutional anæmia; fatty heart; congenital mitral insufficiency; patent foramen ovale; angina pectoris of apparently both neurotic and organic causation; and presumably early stages of aneurysm of the heart and great vessels. Of course, the treatment would be manifestly unsuitable for thoracic aneurysm of any size, and extreme care would have to be observed in treating cases of extensive aortic insufficiency.

There are certain other conditions, not primarily or ostensibly cardiac, to which the Schott methods may be applied with advantage. Such are those associated with the presence of uric acid in the blood, which often follow acute rheumatism; acute and chronic gout; osteo and rheumatoid arthritis, often attended by dilated weakened heart; influenza likewise, and anæmia, whether chlorotic, malarial, or arising in some way from loss of blood; and asthma, associated as it often is, with cardiac dilatation. Amongst indirect results may also be noticed the rapid alleviation of that nerve-suffering so frequently observed in the subjects of heart disease.

Finally, it may be mentioned that the season at Nauheim lasts from May to September, and that the time occupied in any individual case is from five to seven weeks. Then there is the "after-cure," which should be carried out in some hilly district, carefully regulated walks being taken for at least a fortnight, and after that the patient is probably fit to resume his former work with the prospect of a very fair standard of health before him. At any rate, Drs. August and Theodor Schott are entitled to the credit of having been the first to bring the physiological relations of exercise, function and repair into obedience to a therapeutic system, which yields results in the treatment of diseases of the heart hitherto unknown and unlooked for.

Notes on a Few Minor Tropical Disorders.

By Gerald Sichel, F.R.C.S., R.N.

I must preface these remarks by pointing out that they are based on the experience gained chiefly on board one ship (H.M.S. *Gibraltar*) during our stay of four and a half months at Zanzibar and the neighbourhood. Possible factors in the causation are therefore: (i.) most of the men being new comers; (ii.) we were there in the most unhealthy season of a most unhealthy climate; (iii.) Zanzibar is a coral island surrounded by coral reefs.

In connection with this last fact it is interesting to draw attention to a letter from Captain Wharton, in Darwin's "Coral Reefs," p. 256. He says, "Zanzibar seems to me to have undergone several motions of subsidence and upheaval, the latter being the latest; it appears now for many years to have been nearly stationary."

It appears to me possible that the notorious unhealthiness of this coast is due to that fact, viz., that upheaval was the last motion of the reef, whereby dense masses of animal organic matter are placed in conditions no longer compatible with life, but which are capable during their decomposition of emitting foul and injurious emanations; and that owing to the dense structure of their surroundings this emission probably goes on for years.

That coral reefs which are subsiding, are more healthy than those which have undergone upheaval last, is, however, merely conjecture on my part, as I know of no observations bearing on this point.

As another disease factor in coral districts it must be borne in mind that not only do poisonous fish abound, but that many fish good enough for food in other places are poisonous there. Other considerations are the debilitating effects of a hot climate, especially when associated with any high degree of humidity, and the possibility of malaria occurring.

I hope that these notes may be of service to those who may have to practice in the tropics, especially during their first few months. For some of these cases unless more or less expected, are very puzzling at first, particularly as many text-books omit to mention some of them.

Boils and Abscesses.

These common and troublesome, though usually trivial complaints of the tropics may often be distinctly traced to bites of mosquitoes, fleas or bugs. These insects are of course much more abundant in warm than in temperate or cold climates, in fact so common are bites by these little pests that it would be difficult indeed to absolutely exclude a bite by one of them as the cause of any boil; I have seen several cases in which they could be distinctly traced as the cause. These insects are all, more or less, foul feeders, and it is not at all astonishing that they should infect any wound they might cause; in fact it is what one would expect. When multiple they are very troublesome to treat, and often pull the patient down considerably. Sometimes they are very extensive and may become carbuncular; thus there may be several openings, and after removal of the slough, they present a peculiar worm-eaten or honeycomb appearance. The treatment which is most efficacious in the multiple cases, is a daily warm bath, followed by gently rubbing in powdered sulphur (milk of sulphur); give arsenic internally.

Earache

Is very common, the cause being an accumulation of wax or more often furuncles in the external auditory meatus; with these latter there is very acute pain, and early incision to relieve tension is necessary.

Pemphigus Contagiosus.

Under this name, in Davidson's "Tropical Diseases," Dr. Patrick Mauson describes a skin disease of damp tropical countries. As I observed it, it appeared in three

forms—a vesicular, a pustular and a herpetic variety. The first two occur as sequelæ or further stages of *lichen tropicus;* the latter is accompanied by a stinging pain like that of herpes, and is circumscribed and generally confined to the axilla. The two former tend to spread over most of the body. We had a great number of cases. Although it is called a pemphigus, I do not think it much resembles that disease, since the characteristic lesion is not a tense and rounded, but a flabby and flattened vesicle or pustule, and we had no reason to think it contagious. I should prefer to consider it a more advanced form of *lichen tropicus*. The most important part of the treatment is to keep the patient quiet, so that he sweats as little as possible. Warm baths are cleansing and soothing, after which a powder of zinc oxide and starch may be applied; or sulphur in powder in the pustular forms. In other cases vaseline or lead lotion gives great relief. They often take a long time to heal.

Subacute Rheumatism.

These cases were remarkable for chiefly, and in many cases only, affecting the ankle. They were very common. The upper extremities were never affected, but occasionally the knees and in one case the hip was implicated. The disease appeared to be chiefly a subacute inflammation of the tissues surrounding the joint and the periosteum of the bones, although the synovial cavities participated in the trouble to some extent, giving rise to slight distension of their sacs. There was pain and tenderness and a good deal of œdema and redness, the latter often leaving a subcuticular mottling which persisted for some time. They are generally only trivial cases, but one had to be invalided home. The temperature is raised, but generally only to a slight degree. No treatment appears to be specific, and salicylates appear to exercise no control over the disease. Warm fomentations or evaporating lotions are soothing, and rest in bed is imperative.

Œdema Simplex.

I would propose to give this name to a series of cases which occurred of general œdema of the feet and ankles. There is no disease of heart, kidneys, lungs or liver to account for them, and the patients are not anæmic; neither is it due to sunburn, and, of course, there is no suspicion of beriberi. There is often some little rise of temperature as 99°; the skin, sometimes mottled, is generally unaltered. There is no pain or tenderness; it is generally symmetrical. There is no swelling of the eyelids or elsewhere. They get better with a few days' rest and giving some ordinary tonic mixture. The œdema is probably caused by a lax condition of the tissues, due to the enervating climate; the circulation is rendered sluggish and the vein walls being also relaxed, transudation occurs into the connective tissue.

Oriental Sore.

This is also known as Delhi sore, Evil of Aleppo, etc. Those I saw were limited to the feet and legs. The sores begin as small papules or black blebs, or sometimes from a small abrasion (as from scratching a mosquito bite). A small ulcer forms, which gradually increases in area and depth; the discharge is free and sanguino-purulent, the base unhealthy and sloughy, the edges rounded and callous, the surrounding skin swollen and inflamed. They are excessively troublesome to cure, and are apt to break out again even after leaving the tropics. When cured, they leave a discoloured and often weak scar. The best way to bring them into a healthy state is to apply hot fomentations for a day or two, and then put on powdered ipecacuanha and cover over with zinc ointment. After this apply any simple ointment. Give arsenic internally. These ulcers are often very difficult to distinguish from syphilitic sores.

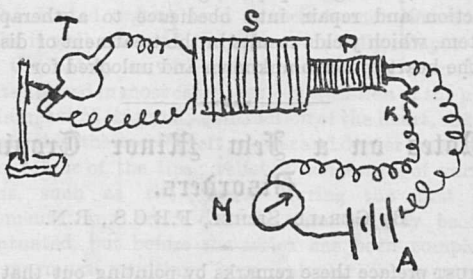
Finally, it may be of interest to note as regards climate (observations taken at 8 a.m. each morning) the temperature averaged 81° to 82°, barometric pressure 30·07″ to 30·08″, and humidity 83 to 84 per cent. of saturation. Heat stroke is predisposed to by constipation, overloading the stomach, or by generally "running down." All cases of diarrhœa should be most carefully watched. All fish to be used for food should be cleaned and their heads cut off immediately they are caught.

How to take a Skiagraph.

It has been suggested that a short account of how to take a skiagraph would be useful, especially for electrical clerks coming on duty, and perhaps of some interest to the general reader. The following is a short account of the various processes in order. It is by no means complete, yet it is hoped will be some help.

The first thing is to put up the apparatus. This is exceedingly simple, and a reference to diagram I. will make it clear.

Fig I

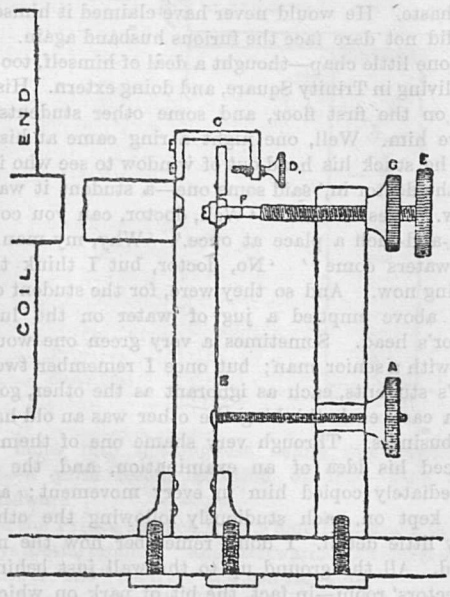


In the primary circuit, wires are led from the accumulators to the primary coil (P), an ampère meter (M) being included. A resistance coil may be also introduced, as a protective against sparking the apparatus, but this is quite unnecessary if the ampère meter is watched carefully and the current regulated—in the manner described below—so that the coil is not worked above its sparking power.

In the secondary circuit there is nothing but the tube (T) joined up to the two terminals of the secondary coil (S).

The apparatus having been arranged and all wires joined up, the circuit is completed by means of the commutator (K). A current is sent through the tube. This must be in a certain direction, so that the electrode with the reflector attached becomes the anode. Practically, the right way is readily determined by observing the light in the tube on sending a current through, first in one direction and then in the reverse. If the direction is right, the pale green light forms a complete hemisphere—more or less, depending on the position of the reflector, below the plane of which is the light zone—cut off by a sharp line from a dark hemisphere above the reflector. This is the light required for skiagraphy, and the greater its intensity, the greater is the penetrating power of the X-rays. If the current direction is wrong, the green light is diffused through the tube. A plate exposed for a long time to this light is little or not at all affected.

The current sent through the tube should be small at first and gradually increased till it is drawing its full spark length. The great advantage of this is that the tube will remain much longer in good working order. This gradual increase is managed by means of the contract breaker. The one used at Guy's is the "Vril," Watson's patent. It is shown in diagram II. and is the most difficult part of the apparatus to manipulate.



To adjust it, the tension screw (A) should be turned to bring the vibrator (C) to an upright position in the centre of the bridge (C), and the screw (D) turned till its point is about one-sixteenth of an inch from the vibrator (D). The screw (E) should then be advanced until the point (F) lightly touch, and position fixed by means of the lock screw (G). *All* further adjustment in made by means of the tension screw (A). It is gradually tightened as this is done. It will be noticed that the ampère meter registers greater and greater increase in current strength. This should not, though it can be, carried beyond the sparking power of the coil, *i.e.*, for a ten inch coil a *maximum* current of ten ampères should be made. For all practical purposes it may be taken that one ampère current is equivalent to one inch spark length.

Often when the current is running in the right direction through the tube, the pale green light is diffused, and for skiagraphy is useless. Heating the tube will often cure this by increasing the vacuum, and reducing the resistence. If overheated a blue or purple light appears in the tube, this rapidly gives way to the pale green light as the tube cools down. It is thought to be due to gas occluded in the metal—generally aluminium—of the reflector and driven out by heat.

Having got the tube to go well, and the current turned off, the protographic plate, wrapped in Tyler's double envelopes to exclude ordinary light, is brought into the room. This is placed under the tube, and the patient arranged so that the part to be skiagraphed overlies the plate, which should be placed film side up, as glass interferes somewhat with the transmission of the X-rays. The tube is then arranged, with the plane of its reflector parallel to the plane of the plate, and a certain distance from it. This distance depends on the part to be penetrated and only general directions can be given: for thin parts as the hand, four or five inches; five or six inches for an elbow or foot; nine or ten inches for a knee. The best general rule is to get the tube as near the plate as possible. The great advantage of closeness is shortening the time of exposure. X-rays seem to follow the ordinary law of light, intensity varying inversely as the square of distance. The X-rays also travel in straight lines—as shadow experiment show—so if the tube is very close considerable magnification of the image results. This rarely matters, as it can easily be allowed for in using the picture, and it is, after all, only slight with ordinary closeness of the tube. By distances twenty to thirty inches require such long exposure that getting the image the same size as the object is not sufficient reward for weary waiting, and besides, the outline of the bone may be blurred by the patient having moved a little in so long a time.

The time of exposure, again, depends on the part being skiagraphed. A hand should not need more than one minute to one and a half minutes in a woman or child; one and a half to two minutes in a man. A leg should not need more than four minutes, the same for an elbow; a knee six or seven minutes; but at Guy's, except on one occasion, we have not got good results in these times. A hand generally takes from eight to ten minutes, and other thicker parts proportionally more time. This is a pity, for it wastes not only time but electricity. I think it is due to the tubes. We use two big tubes, and they soon get out of working order and require a lot of heating. We have one small tube and with this obtained the two minutes results. In this, the globe being small, the heat of the reflector keeps the vacuum at the right tension and so the tube works much better and much longer.

One ought always to develope the plates one has exposed, for only in this way can over or under exposure be judged and so corrected on a subsequent occasion. As to developer, any will do. Half tones are unnecessary, great contrast being the best result. This is said to be best obtained with hydroquinonæ.

J. T. D.

Interview with Mr. Betts.

I found my quarry in that little room at the back of the museum, from whence issues into the theatre the lecturer, just as you are throwing that duster at Brown on the top row. I was a bit uncertain of my reception, and took the earliest opportunity of assuring Mr. Betts that I represented the Gazette, that I had no connection with any other periodical, scurrilous or ragged, and that I desired an interview for legitimate press purposes solely. I then waited anxiously for his reply, and tried to remember whether the operation of interviewing was best performed under an anæsthetic.

"Well, I don't really see what I can tell you of interest to the students *now;* all my memory is of long years ago. Why, young Mr. ———, who got through his Second last July, had a grandfather here in my time, so you see I'm hardly a chicken. I was born in April, 1824, in King Street—they call it Newcomen Street now—quite close to the Hospital. I got an appointment in the museum in '47 as junior, under a man called Silk, and six years later moved into the senior berth, which I've held ever since."

"You have seen a great number of illustrious men in your time?" I threw in.

"Aye! that I have—Bransby Cooper, Poland, the Babingtons and Addison, Oldham and Lever. I remember in the summer Mr. Lever always used to take a basket of fruit with him into the lecture theatre. When the lecture was over he would empty the fruit on the table, and there would be a wild scramble among his audience to get at them. Dr. Wilks, of course, I knew; indeed, he was at the Hospital before even I came. Still, I don't consider him here now, you know; he's not on the acting staff."

"You have seen many changes in the Treasury?"

"Oh, yes. When I first came, Mr. Harrison was treasurer, and then Mr. Dobree. After him came—let me see—Mr. Turner, and then Mr. Lushington. It was Mr. Lushington who instituted the nursing reforms here. It was a very unpopular move, and several times there was unpleasantness with the students. Why, I remember they made a Guy Fawkes, and stuck it in his doorway on the 5th. When he saw it he ordered the bathmen to take it away, but they couldn't. It was stuffed with stones and old iron, and was too heavy for them to carry. You see, the students had brought it in a cart the previous night, and dumped it down." And Betts roared with laughter at the recollection of the bathmen's chagrin.

"Student-life was very different under the three years' regulations, I suppose."

"Why, yes! I can remember the dissecting-room being built. Before then the dissecting used to be carried out at a private house in—there, I've forgotten the street, but it doesn't exist now—which was really attached to St. Thomas's Hospital. We used to have our own demonstrations, though. I remember Mr. Habershon as one of the anatomical demonstrators. But one of the great institutions was the old injecting-room. Many a time have students sat in there and consumed gallons of half-and-half. I remember one morning the room was full of them, when the father of one looked in and saw them sitting round two or three gallon pots."

"I suppose there was a row," I said, sympathetically.

"No, there wasn't. He gave them half-a-sovereign, which all went in beer. Soon after, however, the staff stopped these drinking parties. Still, even if they hadn't, I don't think the young students would behave so now. They havn't the time nowadays. That was five-and-thirty years ago. In those days, too, the externs were frequently only first year's men. Why, I remember one indignant labourer kicking a student out of his house because he was quite sure 'a boy couldn't do his wife no good.' I had to go round to the house the next day to get an umbrella the student had left in his haste. He would never have claimed it himself, for he did not dare face the furious husband again. There was one little chap—thought a deal of himself, too—who was living in Trinity Square, and doing extern. His room was on the first floor, and some other students lived above him. Well, one night a ring came at his door, and he stuck his head out of window to see who it was. 'Is the doctor in,' said some one—a student it was, you know. 'Yes, I'm in.' 'Well, doctor, can you come to such-and-such a place at once.' 'Why, my man, have the waters come?' 'No, doctor, but I think they're coming now.' And so they were, for the student on the floor above emptied a jug of water on the luckless doctor's head. Sometimes a very green one would go out with a senior man; but once I remember two first year's students, each as ignorant as the other, going to see a case, each thinking the other was an old hand at the business. Through very shame one of them commenced his idea of an examination, and the other immediately copied him in every movement; and so they kept on, each studiously following the other in every little detail. I don't remember how the matter ended. All the ground up to the wall just behind the prosectors' room—in fact, the bit of park on which the new buildings stand, and the enclosure between them and the museum buildings—was at one time dwelling-houses. Here"—and he opened a drawer and produced a catalogue of a sale in 1853 of the "contents and material of 40 houses, by order of the Board of Guy's Hospital"—"is the original catalogue. There used to be a right-of-way through the gate by the physiological laboratory from Newcomen Street to the Borough, through another lane close to where the fives court now

stands. I remember as a boy sitting on the wall there, and shouting at the lunatics in the grounds, for they used to keep female lunatics in Clinical ward in those days. This," he said, producing a curious pewter medallion, "was the nurses' badge—before my time, however. No," he said, in response to my query, "I don't know when it was worn, but perhaps Mr. Clement Lucas can tell you. He was very interested in a specimen I had, and, I believe, investigated the matter."

Perhaps my eyes, perhaps my furtive efforts to hide the pigeon-fund box, told our patriarch that my departure was imminent, for his last and greatest treasure was produced. This was no less than the visitors' book, containing name after name well known to the scientific world; but even the interest in the picturesquely unintelligible landscape of the Chinese Minister fades into nothingness before one modest signature—a quite recent addition of 1896—that of "Albert Edward."

"I gave the Prince the pen with which he signed this book," says Betts, proudly, "and afterwards I locked it up in this drawer, but" (sadly) "the pen has gone."

And while our venerable old curator was musing over the pages of bygone years, I slipped past the pigeon-box and was gone.

S. H.

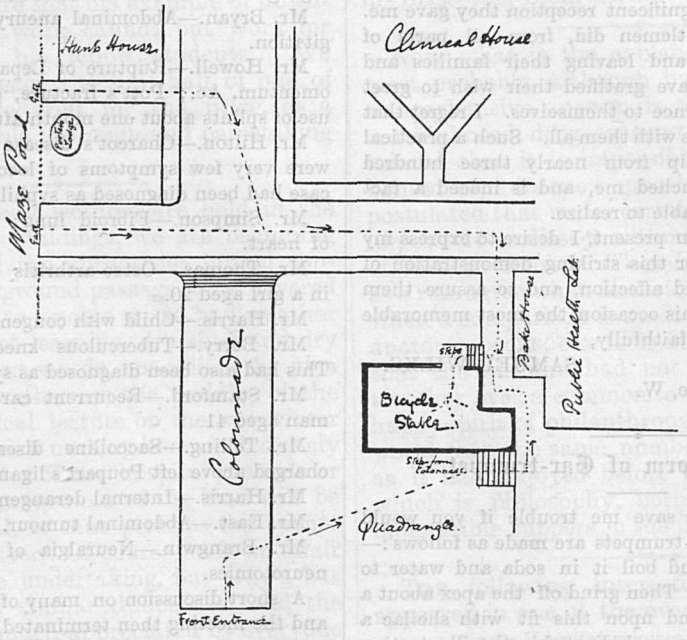
The flash-light photo taken at the dinner to Sir Samuel Wilks, turned out very successfully. Messrs. Fradelle & Young, of 248, Regent Street, were the artists, and can supply copies to any wanting them.

The Bicycle Stable.

We are authorised to state that a site has been approved of and selected for the use of the storage of cycles. It is situated under the end of Cornelius ward, and is said to be, in the matter of temperature, dryness and safety, everything that a humane cyclist could desire. It is, in fact, the hospital's old beer cellar.

There is storage room for between thirty and forty bicycles, and stands are being erected of a special design which will serve not only to keep the bicycle in an erect position, but also to ensure the safety of the machine. Applications for cycle stands are to be made to Mr. Croucher, at the Medical School Office.

On week-days, while the Maze Pond gates are open, students will be expected to bring their cycles in by that



entrance, thence by the passage passing the bakehouse to the steps leading down to the storage room (as shown in the diagram).

On all other occasions, *i.e.*, when these gates are shut, the machines may be brought in by the front entrance, and so down the steps leading out of the quadrangle by Cornelius ward. This rule is made for the prevention, as far as possible, of the dirtying of the colonnade by wheeling of machines through it. When the cycle stable has once been open for use (of which due notice will be given), the college and front entrance porters will have instructions to forbid the leaving of machines in the entrance to the college or in the front entrance to the hospital; and also to prevent the wheeling of machines through the colonnade, except under the conditions above stated.

H. J. S.

Correspondence.

To the Editor of Guy's Hospital Gazette.

The Wilks' Dinner.

Sir,—My mind has been much exercised as to the best mode of thanking all the kind friends who met me on the 6th inst. to offer me their congratulations. I feel that a printed circular would be too formal, and at the same time give undue publicity to a meeting which our Treasurer so happily named a "family party."

Knowing, therefore, how many of those present are subscribers to Guy's Gazette, I ask you, Sir, to be good enough to allow me in your columns to express my heart-felt thanks for the magnificent reception they gave me. Coming, as these gentlemen did, from all parts of England and Wales, and leaving their families and practices, they must have gratified their wish to greet me, at great inconvenience to themselves. I regret that I could not shake hands with them all. Such a practical expression of friendship from nearly three hundred persons has deeply touched me, and is indeed a fact that I am scarcely yet able to realize.

To all my friends then present, I desire to express my most sincere thanks for this striking demonstration of devotion, friendship and affection, and to assure them that they have made this occasion the most memorable day of my life.—Yours faithfully,

72, Grosvenor Street, Grosvenor Square, W. SAMUEL WILKS.

Oct. 12, 1897.

A Cheap Form of Ear-trumpet.

Dear Sir,—It may save me trouble if you would kindly say that the ear-trumpets are made as follows:—Take a whelk shell and boil it in soda and water to cleanse it thoroughly. Then grind off the apex about a quarter of an inch, and upon this fit with shellac a small tube of vulcanite, as indicated in the illustration of the apparatus given with my first letter.—Yours, etc.,

Clapham Road. WILLIAM SOPER.

The Frontier War.

Dear Sir,—May I ask you to be good enough to make one more correction in the paragraph relating to Surgeon-Captain Prall. Surgeon-Captain S. E. Prall, familiarly known in my time as Sammy Prall, is on the Civil side of the Service, and has been doing excellent work amongst the Plague in Bombay, and was specially mentioned by Lord Sandhurst some time back for his services; it is Sammy's cousin, Surgeon-Captain Cedric Prall, who is on the Military side, who took part in the gallant defence of Fort Gulistan.—Yours very sincerely,

Caversham, Oxon. EDWARD DEANE.

The Physical Society.

CLINICAL EVENING.

A very successful meeting took place in the Library on the evening of October 16th, at which over fifty members were present, Mr. E. Ivens Spriggs, M.B., in the chair. After the minutes of the last meeting had been read and confirmed the following cases were shown:—

Mr. Cazenove. — Locomotor ataxy with cerebral symptoms.

Mr. Rowlands. — (1) Locomotor ataxy—Charcot's disease of both knees and feet; (2) Tuberculous lesions in an infant.

Mr. Ferraby. — Abdominal aneurysm with aortic regurgitation. Bronchiectasis in a child.

Mr. Bryan.—Abdominal aneurysm with aortic regurgitation.

Mr. Howell.—Rupture of Leparotomy scar, hernia of omentum, &c.; Pott's fracture, good results from the use of splints about one month after date of accident.

Mr. Hilton.—Charcot's disease of knee-joint. There were very few symptoms of locomotor ataxy, and the case had been diagnosed as syphilitic arthritis.

Mr. Simpson.—Fibroid lung; extreme displacement of heart.

Mr. Thomas.—Osteo-arthritis of hands and wrists in a girl aged 20.

Mr. Harris.—Child with congenital syphilis.

Mr. Berry.—Tuberculous knee, strumous keratitis. This had also been diagnosed as syphilitic arthritis.

Mr. Stamford.—Recurrent carcinoma mammæ in a man aged 41.

Mr. Telling.—Saccoiline disease, abscess had discharged above left Poupart's ligament.

Mr. Harris.—*Internal derangement of knee-joint.*

Mr. East.—Abdominal tumour. ? Nature.

Mr. Brangwin.—Neuralgia of 5th nerve. Multiple neurotomies.

A short discussion on many of the cases took place, and the meeting then terminated.

The Dental Society.

The third annual meeting of the above Society was held on Tuesday, May 11th, with the president, Mr. Badcock, in the chair. The treasurer, Mr. Hopson, brought forward his balance-sheet, which was unanimously adopted. The secretary, Mr. Simpson, then read his report, which was also adopted. The president announced that the vice-presidents had awarded the Society's prize to Mr. E. B. Dowsett, for his paper on "Neuralgia and Neuralgic Pains" after which he presented the prize to the successful candidate. Then the meeting elected officers for the ensuing year (see Students' Number). A vote of thanks was passed to the retiring officers, and the meeting terminated.

Passim.

It is with much pleasure that we once more offer the congratulatory hand to Mr. R. P. Rowlands, this time on gaining the Richard Bredin Prize for Clinical Study. We are beginning to wonder when we shall come to any end of congratulating him on fresh honours gained, and are thinking of having a special paragraph printed and kept for him that will suit all exigencies, and which we can insert regularly every six weeks. However, there are some men that no one can ever tire of applauding, and Mr. Rowlands is one of them. We are proud to think that we belong to the same hospital as he does, and feel sure that his example of downright honest hard work cannot but work for good amongst us, his fellow students. We insert in another page the first half of one of the cases he worked out for the prize, as a typical example of his thorough and painstaking work.

Now that so many lectures are held in the theatre of the new buildings, we are beginning to wonder whether the authorities intend constructing an underground passage, or a covered way of some sort, to enable us in bad weather to reach the seat of learning, dry shod and dry clothed. At present we do not relish the idea of having to career through the puddles of the park to get to clinical lecture on the wet winter Saturdays. If the new nursing home is definitely fixed for that quarter of the hospital grounds or outskirts, some arrangement of the kind will be absolutely essential, so that perhaps the sooner it is started the better. Of course, such an affair is a very expensive undertaking, but Guy's has surmounted many similar difficulties, and the comfort would be much appreciated by everyone who has to use that quarter of the hospital, to say nothing of the prevention of many a bad cold, or perhaps worse trouble. While on the subject of the new buildings, why is the north door kept shut and locked when men are crowding into and out from lecture? At present all are compelled to make the long round by the eastern gate.

It is curious that the exigencies of mere chance should often lead us to make friendships which last for years and often for life. The casual bracketing of Mr. A and Mr. B on the dissecting-room ticket, and the subsequent introduction through the agency of a head and neck, is often as binding as the whole triple banned, complex apparatus of the marriage service. Moreover, not only is this friendship frequently of a lasting character, but it is still more frequently of a very peculiarly exclusive nature: that is to say, the two men whose friendship has been bred in a common ignorance of anatomy, continue their intimacy in the mysteries of chemistry and the humours of physiology; nay, more, they lunch together, and even take their amusements in concert. Should a student be noticed leaving a class or a demonstration, his immediate follower is pretty sure to be his fellow dissector; should a student be noticed stealing gently from the lecture theatre at, say half-past nine, the man for whom he holds open the swinging door is sure to be his dissecting-room friend.

Now, what is the explanation of this? The most probable, although by no means entirely comprehensive answer is to be found in that much abused drug tobacco. It might be postulated that it is impossible to quarrel with a lighted pipe in one's mouth. It might also be postulated that under certain circumstances it is impossible to dissect without an accompaniment of tobacco smoke. Therefore, dissectors must as a rule agree when dissecting together. Indeed, when a comparison is made between a couple of anatomy books, one feels ample cause for regret that the authors had not smoked many pipes together over a common lower, and in a sweetly happy spirit of philanthropy, agreed to leave the world with the same number of anatomy books as it had enjoyed before their advent. All of which is philosophy, born of late hours and indigestible suppers in the dressers' room.

The following interesting little paragraph appeared in one of the evening papers lately:—

> Guy's Hospital rejoices in a journal of its own called the *Guyoscope*, which attacks Mr. Hall Caine for his "Christian." Guy's seems to be the only London hospital which has a literary production of its own.

Now, we do not for one minute question the correctness of the above statements, because, of course, the accent is on the "literary." But it is a little harsh, to say the least of it, on the excellent journals of our sister hospitals, to be dismissed in such summary fashion by a miserable halfpenny-a-liner; and we hope for their sakes, that the attention of their respective fighting editors has been drawn to the matter. If, however, the whole thing is a deep laid scheme on the part of some maliciously-disposed individual, to draw us into controversy with our

worthy little hospital contemporary, we beg to say at once that we absolutely refuse to be drawn. In the first place, we know well enough we are not "literary"; in the second, we don't want to be, and if we ever are so, it is only by accident; and in the third place, if any one ever dares tell us so to our face, we will turn the editorial bull-pup and treble-power surgery syringe on to him before he can say, "Tom Guy"—so there. But are we making a mistake? Is the whole thing one of the *Guyoscope's* own very best wheezes? If so, Ha! Ha!

On one or two occasions during the late season of sisters' and nurses' holidays, the idea crossed our mind that the course of instruction, and consequently the efficiency of our nursing Staff, could be very materially and advantageously improved. We know that we are treading on dangerous ground when we tackle such subjects as these, and it behoves us to do no more than just hint at them. But still, it is perfectly true that at other large hospitals—St. Bartholomew's for instance—the entrance exam. for nurses is pretty well as stiff as all the exams. that have to be passed here put together, and that it needs no preliminary work whatever for anyone to qualify for a post at Guy's. At any rate, we know that an advanced course of lectures would be much appreciated by some, and would in all probability be very well attended, and, at the same time, it would tend greatly to raise the value of the Guy's certificate.

A rather funny incident occurred during the round of one of our senior surgeons one day last week. A jovial old fishmonger of not too temperate habits was in for double Dupuytren's, or as we have been told it ought to be called, Astley Cooper's contraction. The surgeon had been discoursing upon the relation of the condition to constitutional gout, and on seeing some small nævoid spots on the man's chest, was going on to relate the views of the President of the Royal College of Physicians on the subject. He got as far as "You know, Wilks," when he was interrupted by the patient boisterously exclaiming, "Should think I do—sold 'eaps of 'em." This calls to mind a yarn of Dr. Savage's, that many will remember, respecting a certain general paralytic, who, when Sir Samuel, then Dr. Wilks, was being shown round Bethlem, immediately started rattling off a whole list of associated ideas that the mention of the visitor's name called to his mind, beginning, "Wilks, whelks, shellfish, crabs," and so on *ad infinitum*. Curiously enough, a day or two after the above incident, the old fishmonger was up in the strong-room with a violent attack of *delirium tremens*. Can it be that we have discovered a new test for mental unsoundness?

A certain firm of dressers lately gave a hint to the authorities which we hope to see soon acted upon, in having a slip printed with directions for the proper manipulation of that sheet-anchor of front surgery work, the hot boracic fomentation. The usual verbal directions, given often in the greatest hurry to the fast receding, muddle-headed patient, are, as a rule, totally inadequate; and we have often, after carefully imparting the necessary information to a more or less intelligent specimen of Borough aristocracy, got him to immediately attempt to repeat the same, with most wonderful results. Whether it is possible to apply the boiling hot gutta percha tissue over the wool next the wound, and if so, what the result would be, we cannot say. What we do know is this, that that printed slip, bearing as well the order to the dispenser, and directions how to reach the dispensary, apparently worked extremely well, and afforded much saving of time and temper to the already hard worked dressers. At any rate the idea is worth a trial, and the expense incurred would not be great.

The results of the first two matches of the season for the Rugby team are, when carefully considered, eminently satisfactory. The match against Lennox ended in a draw, and considering that it was the Hospital's first game, and that Lennox, besides having been much strengthened this season, had played two or three matches before, such a performance was very meritorious. The forwards seem likely to prove the strong point of the team this season, and the four new men—Cutler especially—all showed to advantage. The Cambridge game resulted in the smallest defeat that Guy's has ever experienced at the hands of the 'Varsity, and with a very little luck, the paper result would have read even better. However, it was quite good enough for a start, and it only remains now for the team to get fit and settle down into real good combined style, and we shall have then no compunction in tipping ourselves to go a trifle nearer that Cup.

The Association men have gone in for heavy scoring in their last two matches, totalling

fourteen goals to one. This augurs well, and although they started with a defeat, yet it must be remembered that most outside clubs start playing some weeks before the Hospital does, and it is therefore quite expected that the form shown in the first match or two should be a trifle ragged. However, now they have started, they evidently mean going very strong.

All Guy's men who know Mrs. Keogh, will regret to hear that ten days ago she met with a rather severe accident, falling down several stairs at her house in Stephen Street, and badly wrenching her right leg. She is at present warded in Lydia under Mr. Lucas, and though receiving every attention and kindness from Sister and all working in the ward, is still rather doleful and pessimistic as to her chances of getting well again. Will all who know her, and who rightly or wrongly think they have any influence with her, take this as an invitation to go up and do their best to cheer poor old "Auntie" up a bit.

One or two have asked us lately why there is never much in the Gazette of technical interest to men while in their first two years at the hospital. As a matter of fact, it is extremely hard to get hold of subjects or articles that are at all suitable for a paper such as this. Anatomy and physiology have not that endless variety of interest that pertains to medicine and surgery, and, as a rule, a man has quite enough of the former subjects, if he does his work properly, without being further pursued by them in the pages of his hospital journal. However, we are always ready to act on reasonable suggestions, and if any are forthcoming, we promise them our careful consideration.

The secretary of the medical school has put into our hands the entry figures for this session, and in comparing them with the numbers of last year, we note the following facts. The entries for the full course show an increase of ten (76 to 86); for the preliminary scientific course an increase of three (21 to 24). The entries for special classes are identical for the two years. The dental entry, too, we understand, also shows some increase. It is a notable fact that in one or two instances men who had been awarded second or third places in the entrance scholarships list, went off and took premier positions in the exams. at some of the other hospitals. It seems rather a pity that such a state of things should be allowed, as it gives the medical school office a large amount of unnecessary trouble, but, on the other hand, it speaks very highly for the class of men we have up for our own exams.

We publish to-day an article intended to give an outline of the process of taking a skiagraph. This branch of modern surgery is now so universally acknowledged to be of the utmost use and importance, that every student should at any rate become acquainted with the essentials of the process. It is not at all an intricate subject to master, and the work is extremely interesting from many points of view. Another subject of equal importance that we hope to deal with shortly is that of the aseptic treatment of wounds, in so far as it is possible at a large general hospital such as Guy's, situated as it is in the heart of the greatest city in the world.

During the last week several Guy's men have been tackling the B.Sc. London. Up to the time of going to press the only papers which have reached us have been those on Chemistry. If these two papers are at all indicative of the test of the examination, the candidates are to be congratulated on a very fair and straightforward test. Unlike papers of previous years, the entire morning's work, with the exception of one question, was confined to the Inorganic division, while the afternoon's paper was on Organic Chemistry. The latter paper was infinitely more satisfactory than the corresponding paper in July's Inter. M.B., and, indeed, in many respects much easier. There seems to be an attempt at generality which was strangely lacking in the 1st M.B. paper. However, the Physiology papers have yet to appear, and also the individual "third subjects," and possibly in these the B.Sc. will once more assert its old exclusiveness.

Many have been the attempts in days gone by at the formation of a Students' Glee Club, usually with ill-success. But yet another, and this time a rather more official and general one, is to be shortly made. The idea is to get together all those men at the hospital who are keen on, and capable of, part singing, and for this purpose a meeting is to be held in the surgical class-room next Wednesday, October 27th, at five o'clock, when Dr. Shaw has kindly consented to take the chair. It is hoped that many will make an effort to be present, when the objects of the promotors will be put before

the meeting, and, if possible, the club definitely formed.

Last Saturday's clinical evening of the Physical Society was a very successful and enjoyable one. At the same time, it struck us that there were far too many cases shown, and it would probably be a much better plan to limit the number of cases to, say ten, perhaps. This would then allow of a reasonable time for the discussion of each one afterwards, whereas on Saturday, several of the most interesting had to be passed over with barely a word said, beyond the exhibitor's scanty and often inadequate remarks.

We would draw the attention of all Guy's men to the announcement that Sir Squire Bancroft will give his reading of Dickens' "Christmas Carol" in the theatre of the Crystal Palace, on Wednesday, November 24th. The proceeds are to go to swell the re-endowment fund, and tickets can now be had from Mr. Reaside, at the office of the secretary to the treasurer, where a plan of the theatre is also on view. It will require a big effort if the place is to be filled like it was last winter when the Disguysed Minstrels gave their entertainment. Guy's must never go backwards, so we appeal to all to do their level best to make the reading a big success. Especially would we ask men living in the neighbourhood of the Palace to make the reading known to all their friends, and to dispose of as many tickets and bills as they possibly can.

A general meeting of the Guy's Hospital Students' Club will be held on Monday, November 1st, at 4 p.m., in the Anatomical Theatre. Dr. Pye-Smith in the chair.

Chapel News.

(Contributed by the Chaplain.)

The Harvest Festival on Sunday, October 17th, was worthy of Guy's. The chapel was profusely decorated, the congregations very large, and the services heartily rendered—not so heartily, we think, as in some past years. The fact is, the choir is beginning to feel the effect of Dr. Richardson's scientific training, and it does not so boldly lead as in the days when every boy sang largely as he pleased, and by the light of nature only. This hesitation in "attack" is reflected from the congregation, and has to be tolerated for a time until the "tone" for which Dr. Richardson is striving is attained, and the choir can give a more certain and a more musical sound. Congregations might, however, with advantage determine that they will not sing timidly because the choir does.

Sister Job was responsible for the decorations, but she received most kind and able assistance from Sister Accident, Miss Paul, Miss Barnett, and six of the probationers. The only unsatisfactory feature is that the decorations have so soon to be taken down after a Harvest Festival. Consequently, few but those residing in the Hospital had a chance of expressing their appreciation of Sister Job's excellent work. More than one party of would-be sightseers entered the chapel on Monday afternoon to find every shred removed.

Most of the corn was kindly given by Mrs. Mallam and Miss Barnes, two Bright ward patients. It had already done duty in a husband's and a father's churches respectively. We must also express our obligations to the Bishop of Southwark, to the Matron, to Nurse Lane, Miss Dowell, Miss Iles, and Mr. R. Howard, for present of fruits and flowers. To all and several we tender our hearty thanks.

The offertory (for the Hospital Re-endowment Fund) was £3 6s. 4d., which, with the £3 8s. 3d. of Hospital Sunday in June last, makes a total of £6 14s. 7d. for this year as against £9 7s. 9d. for the same two Sundays of 1896.

We are very glad to be able to announce that the Rev. A. W. Robinson, Vicar of All Hallows, Barking, has consented to preach a course of sermons on the Tuesdays of Advent.

The Disguysed Minstrels.

The committee are now busily employed fixing up arrangements and designing a programme for the ensuing season. Practices will commence not later than the end of the first week in November, and, by the permission of Dr. Shaw, will be held in one of the classrooms in the new school buildings. In the meantime it is hoped that all probable soloists of the troupe will have selected one or more suitable songs. Mr. Arthur Miller will be glad to hear of any new and distinct vocal or histrionic talent, and applications to serve in the orchestra should be addressed to Mr. H. L. Eason.

The list of fixtures at present favoured by the Committee is as follows:—

St. George's Hall, Langham Place.
Woodford.
Brixton.
Sutton.
Crystal Palace or Dulwich.
Bromley or Beckenham.

J. A. R.

A Case of Malignant Growth of the Testicle.

Being one of Mr. R. P. Rowland's Commentaries for the Bredin Prize.

P. T., a man, æt. 72, bootmaker, was admitted into Naaman under Mr. Jacobson on December 16th, 1896, for a large scrotal swelling.

Family history.—Patient's father lived to the age of 92, and died of "senile decay." The mother died young, and patient does not know the cause of her death. A brother died of "decline" at 20 years of age.

Personal illnesses, etc.—Patient has always been remarkably free from disease; he does not remember any illness. He has not had syphilis. Patient in his youth lived on his father's farm at Exeter, where he used to ride a good deal. He has been a bootmaker by trade since he was about 18 years old. He is married and has had several children.

History of present complaint.—Sixteen years ago patient was thrown violently on the pommel of his saddle, injuring his left testicle severely. He suffered much pain at the time and felt faint immediately afterwards. Patient does not remember if the testicle got swollen directly afterwards or not. He has, however, vivid recollections even now of the severe pain he endured during the next few days. The left testicle began to swell within a month or two of the accident. (Patient admits that the swelling may have commenced earlier than this, as his memory is not very good.) From this time the testicle went on gradually enlarging, but was unattended with pain. During the last two years the swelling has more than doubled in size. Growth has been much more rapid during the last three or four months. Pain has been severe during the same period. The surface of the swelling was quite smooth until about three or four months ago, since then the local protrusions have gradually made their appearance. An attempt was made to tap the swelling seven years ago, but only a "little blood and humour" escaped, and the size of the swelling did not decrease.

Pain has of late been severe, and shoots from the left groin to the left loin, and is of a dragging character. It is especially severe when patient stands up with the tumour unsupported. Patient sometimes has a different and very severe boring pain in his back in the lumbar region on both sides. The tumour has been of such a size as to disable the patient from work during the last ten years, as it was in the way of the board he used at his trade. He has never had any difficulty in micturition, but the urine runs all over the swollen scrotum, and patient therefore generally micturates with the tumour hanging into some wide-mouthed vessel or bucket. Patient keeps the mass up in relation with the lower part of his abdomen by means of a wide belt; this relieves the pain very much. Walking has been difficult for several years now, because of the size of the swelling, etc. Patient does not think he has wasted lately.

Condition on admission.—Temperature, pulse, and respiration, normal. Patient is an intelligent old man, who looks younger than his age. He is in good condition, not at all wasted, and not fat. He has a splendid appetite and seems to be in the best of general health and good spirits. He complains of:

1. The large and increasing amount of inconvenience the enlarged scrotum causes him.
2. Pain, which is also increasing, but has never been severe enough to interfere with sleep.
3. The recent rapid growth of the swelling.

The scrotum is enormously enlarged and somewhat egg-shaped, but with local prominences on the surface. The long diameter of the oval is nearly vertical and measures 11¼ inches; the greatest breadth measures 8½ inches; the greatest circumference measures 28½ inches. The tumour falls towards the perineum if the thighs are separated and causes a good deal of pain. At other times it lies on the thighs, falling a little towards the left groin. When the patient stands, the tumour, by its weight, gives rise to prominent folds extending upwards to both groins. There is a yellowish pigmentation of the skin of the abdomen extending from the umbilicus to the pubis, indicating the site of contact of the tumour when suspended. When the tumour is left unsuspended the pain is severe, otherwise patient is fairly comfortable. The skin of the scrotum is redder than normal and is dark; it is not tightly stretched or shiny, and it is movable over the underlying tumour, but the mobility is limited in extent. The skin is not hot or tender. The little linear elevation of skin indicating the median raphe of the scrotum is traceable from the root of the penis to the perineum, and it lies much to the right of the median vertical line of the tumour. Numerous large veins are seen running just under the skin of the scrotum, mostly taking an oblique course backwards and to the left into the perineum. Fewer run to the right side of the perineum and a few run to the groins, chiefly the left.

The tumour is mostly firm and hard in consistence, but it presents five localised protrusions, which are soft and elastic and freely fluctuating. The tumour is wholly scrotal, as the hand can be passed with ease above its rounded upper end. There is no impulse on coughing. The cord is not enlarged on either side. No testicular sensation is excited by pressure on any part of the tumour.

An umbilical looking depression is seen at the right side of the upper extremity of the tumour; this proved to be the preputial orifice, the penis being comptetely retracted. The penis can be protruded, however, to the extent of about an inch, showing the glans.

Below the prepuce and between the right side of the tumour and the right external ring a movable tender body can be felt, having both the size and shape of the normal testicle. It also has testicular sensation.

Alimentary system.—The tongue looks healthy; there are but a few teeth missing.

The abdomen is not distended and does not show any local prominence or fulness, and nothing can be seen

moving up and down with respiration. On palpation, there is tenderness and rigidity, especially on the left side, about the level of the umbilicus. Here a tumour can be felt, having fairly definite upper and inner borders and a less easily defined lower border. The tumour is evidently inside the abdomen and not in the wall, as it cannot be felt when patient contracts his abdominal muscles, and when the abdomen is relaxed the wall can be moved over the surface of the tumour. The tumour is hard and tender, and almost fixed. It moved a little with respiration, and it apparently lies far back in relation with the spine. The following limits were obtained by percussion: Impaired resonance exists over an area having a vertical measurement of three inches. The inner vertical border is one inch to the left of the umbilicus. The lower border is horizontal and one inch below the level of the umbilicus. The upper border is rounded and two inches above the level of the umbilicus. The external border is indefinite, and the dulness merges into the dulness of the loins. The percussion limits correspond very well with those made out by palpation. The percussion signs vary from day to day. No rub is audible over the tumour. Patient has a fair amount of pain in the region of the tumour. No contractions could be felt in the tumour (peristalsis). No enlargement of the iliac glands can be made out. The liver and spleen are apparently normal. Patient is habitually constipated, and has only had his bowels open once since a week ago. The rectum is empty. The prostate is enlarged. No growth can be felt. The respiratory and circulatory systems are normal. The nervous system is also normal. There is no loss of sensation or of power in the legs, and the reflexes are normal. No incontinence of urine or fæces. No tender spots to be found over the spine. It was thought that the abdominal tumour was probably due to secondary growth in the lumbar glands. The tumour was considered to be retroperitoneal because of the variability of the percussion note over it being sometimes resonant, sometimes not. It was suggested that it might be a tumour of the kidney. Mr. Jacobson decided to operate, although the abdominal tumour might be due to secondary growth in the glands. He thought that operation was indicated to relieve the present distress, etc.

Treatment and progress.—The scrotum was cleaned and a compress of 1 in 2,000 perchloride of mercury was applied two hours before the operation. Chloroform was administered, and the operator started an incision above and to the left of the upper end of the tumour, the incision was carried down the left surface of the tumour to the lower end. Another incision starting at the same point as the first, extended over the upper part of the tumour below the prepuce to the right surface of the mass, and downwards to meet the lower end of the first incision. The incisions now included an ellipitical piece of skin about seven inches in breadth and ten inches long. During these steps and subsequent procedures the right testicle was guarded by an assistant. The incision was carried through the subcutaneous tissues, these were then rapidly separated from the capsule of the tumour, which shelled out of the loose connective tissue. Bleeding points were seized with pressure forceps. The left cord was isolated, transfixed with silk, and the two ligatures were tied, one of them being afterwards tied around the whole cord. The cord was then severed below the ligature and the tumour was removed. All bleeding having been stopped, the wound was closed by means of interrupted silk sutures, care being taken to get the wound dry before the final sutures were tied. A strip of green protective was placed over the wound, Jeye's powder was dusted on and iodoform gauze out of lysol was placed next, followed by dry iodoform gauze and salambroth wool, and secured by a broad bandage. The dressings were protected by means of a triangular piece of jaconet. The operation lasted about thirty minutes. After the skin wound was sewn up, a moderate-sized scrotum remained. Patient was troubled with severe sickness for days after the operation. The sickness was relieved by the following mixture:—

℞ Sod. Bicarb. gr. xx.
Tinct. chlor. et morph. mx.
Aqua. mod. ʒj., 4tis horis.

Retention lasted for four days, and was treated by means of a soft rubber catheter passed twice daily. Constipation continues troublesome.

Patient made a good recovery and was discharged on the 13th January. The pain in the loins still continues, however, but there is no appreciable increase in the size of the abdominal tumour.

April 10th.—The abdominal tumour is increasing in size, and patient suffers more pain in his back, but is otherwise fairly well.

Diagnosis.

In discussing the diagnosis we will proceed on the principle of "exclusion."

A. Hernia, and all other *inguino-scrotal* swellings, such as funicular and congenital hydroceles, varicocele, etc., are excluded, because the tumour is purely scrotal in this case. The absence of impulse on coughing also helps to exclude these, although impulse may be absent in all these conditions. The history of late appearance also disfavours hydroceles of these varieties. The opacity is also against hydrocele, also the large size. Varicocele is excluded by the tremendous size and consistence of the tumour, and could never be seriously thought of Hernia, however, had to be excluded, as the first appearance suggested hernia.

B. All tumours and diseases of the true scrotum are excluded because the skin and dartos are healthy and movable over the surface of the tumour, so that the tumour is clearly deep to the scrotal tissues. Thus the following conditions which give rise to large "scrotal" tumours are excluded:—

(*a.*) Elephantiasis scroti, in which also the swelling is usually bilateral, not unilateral as in this case; and the sufferers have been abroad.

(*b.*) Tumours.

1. Innocent, fibromata, lipomata, etc.

2. And malignant, epithelioma, sarcoma, etc.

Intra-scrotal lipomata are very rare, and are soft and fluctuating.

The disease is *intra-scrotal*, and the oval shape and rounded contour seem to prove that the tumour is encapsulated; and the shape being that of an enlarged testicle suggests that the capsule is really a greatly and almost evenly stretched tunica albuginea.

If the capsule is formed by the tunica albuginea, then the tumour is probably one of the "testicle" (proper). However, shape is not enough, and we have to consider diseases of—

1. The tunica vaginalis.
2. The epididymis and lower end of cord, as well as of
3. The testicle.

1. Diseases of the tunica vaginalis causing *enlargement*:—

(*a*). Hydrocele. Primary (*i.e.*, not secondary to disease of testicle or epididymis).

(*b*). Hæmatocele to primary following hydrocele.

Acute hydrocele is excluded by the chronic course of the disease in this case.

Secondary hydrocele could never give rise to a tumour of this size.

(*a*). The following points *taken together* will, I think, serve to exclude vaginal hydrocele.

1. Vaginal hydrocele rarely reaches the huge size of this tumour, "but Clive withdrew six quarts of fluid from the hydrocele of the historian Gibbon."
2. The tumour is not translucent and gives no thrill. But old hydroceles may fail to give either of these signs from the thickness of the walls, or alteration of their contents (old hæmorrhages, etc).
3. It is rare to find prominences on the surface of a hydrocele; irregularities may be present, due to adhesions, but these would only be expected in small hydroceles.
4. A hydrocele rarely varies in consistency at various parts; this tumour is firm here, and fluctuating there.
5. In hydroceles as a rule the testis can be felt on the posterior surface, and when it is touched the patient experiences the testicular sensation; the left testicle cannot be found in the case of either of these methods.
6. The patient states that tapping seven years ago was not followed by decrease in the size of the tumour, and that only blood escaped at the tapping.
7. Hydrocele throws no light on the abdominal tumour.
8. The recent rapid, yet not sudden, enlargement (no bleeding into sac).
9. The pain, which is not due to mechanical conditions only, as pain is complained of when the mass is suspended.

(To be continued.)

Anatomy and Biology in the Board School.

The following gems are culled from the essays of Standard IV.:—

Description of our body

Our body is divided into two parts the upper part is called a cheast the lower is called an abandon the cheast and abandon together is called a trunk At the back of our head is our brains down the front of our throth is our windpipe if our windpipe had any food down it we should choke. Signs of life are winking warmth breathing moving our arms are wider apart than our legs so that we can take hold of things better we are quarter our size when we are born half when we are 9 as big as we are going to be when we are 21.

Birds

Description of body.

Birds are like other animals but not of the same kinds Eagle, Parots, Eagle has wings and do sit on the mountains. Parots do sing and do live in a kage. Blackbird do sit on a branch up in the trees, has a pecked beak. Parots has a round beak under his top beak and his top beak his longer than the underneath one and does not eat with the bottom, and has two teeth *that he eats with and he does pick up all soughts of* things. Some birds do sit on the mountainous rocks and do eat leaves and bits of apple and meat Oustave does walk on two legs and does only eat corn and barsley.

And their bodies cannot live without breathe and they have a wind-pipe which does only hold breathe, and they have another pipe which to swaller things or eat things. And their hips are just like a skilliton.

and their arms and legs are to moved them up and down and to dril and to worked hard with and their legs are two run and two walked about and run about.

Birds

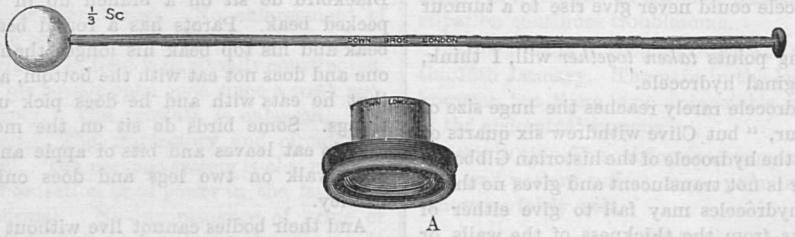
There are a good many classes of birds but the chief classes are Diurnal and Nocturnal birds. *Diurnal birds* are birds that come out at daytime; and Nocturnal birds, those that come out at night. There are no large birds of prey in England; such as there are are chiefly song-birds. The chief birds of prey are the Vulture are the Eagle. They are both found in hot countries. The vulture is a very fierce ugly bird not quite so large as the eagle, and is of great use on the deserts where it picks up any dead flesh it can find. The eagle is very like it only it is not quite so ugly. It has very long wings, a long and pointed bill the upper part of which curves over the lower and comes to a point. It is made so to enable it to tear its prey. The owl is a nocturnal bird and it cannot see in the light. It is found in hollow trees and old ruins and all such places. It feeds on *mice and other smaller birds. The song birds of* England are the blackbird, thrush, sparrow, bullfinch chafinch and the starling.

Novelties.

MATERIA MEDICA, PHARMACY, ETC.

A New Pleximeter
Devised by Mr. Ernest Kingscote, M.B., C.M., L.R.C.S. Edin.

From the account sent us with this instrument we learn that "ever since 1761, when percussion as a means of physical diagnosis was first suggested by Avenbrugger of Vienna, it has been generally recognised that deep percussion of the thorax is not free from uncertainties arising—(1) from the vibrations of the chest-wall veiling the note really given out by the structure underlying the plessor, and (2) from the fact that percussion, when sufficiently hard to produce a true note, is apt to hurt the patient." The pleximeter here figured is designed to overcome these difficulties. It consists of a wooden cone (A), made with a shoulder to which a thick indiarubber ring is attached in such a manner that when the instrument is firmly pressed against the chest the apex of the cone touches a definite point on the skin in the centre



of the ring. If the other end of the cone be now struck smartly with a hammer having a flexible handle (B) the true note of the underlying structure is elicited. A special form of hammer is used with the pleximeter, its head being made of lamb's-wool so compressed that it cannot be beaten out of shape—a necessary condition for the production of an absolutely true note, and it is of such a weight that the required note is obtained without the absorptive power of the surrounding ring being overcome. The finger may, however, be employed as a hammer with equally good results when the wrist is very flexible. In using the pleximeter it must be applied firmly to the region to be percussed, and there must be no alteration in its position when it is struck with the hammer. We found the instrument yield good results, although the note given is rather different to that given by the finger, and is only understood by constant practice, if the ear has already been trained to the usual method of percussion. We are not quite certain that the finger, when the joint rather than the terminal phalanx is struck, does not fix the tissues of the chest wall as well as the new pleximeter. But those who are fond of pleximeters and use this form frequently, will probably agree with the inventor who details experiments to prove the unequalled accuracy of his instrument. The manufacturers are Messrs. Down Brothers, St. Thomas's Street, Borough.

Izal.

We are at the present time suffering from *embarras de richesses* in the way of antiseptics. The chemist is constantly making researches in the hope that his labours may be rewarded by the discovery of the ideal antiseptic and disinfectant. To Mr. J. H. Worrall, F.C.S., F.I.C., chemist to the Thorncliffe Collieries, near Sheffield, we are indebted for the discovery of the fact that an oily matter from the Thorncliffe patent coke ovens, approaches very closely to perfection as an antiseptic and disinfectant. This oily liquid possesses very extraordinary germicidal powers, which are much greater than pure crystallized carbolic acid. It is also non-poisonous and harmless to the skin, even when applied in strong emulsion.

Izal, the name given to an alkaline emulsion of this oil, is a milky liquid, mixing readily with water, and not leaving any greasy stain. The superiority of Izal has been proved in the laboratory, where it has been demonstrated that a solution of absolute phenol of just double the strength and acting for double the time was required to produce the same effect which was produced by Izal in half the strength and half the time. Its success in destroying microbes in the living body and its efficacy as an antiseptic for surgical purposes has been shown by Mr. Bruce Clark, assistant surgeon at St. Bartholomew's Hospital.

Izal has a very persistent action, due to the fact that it does not form chemical compounds with living animal tissues. In this respect it is superior to hyd. perchlor., which speedily loses its disinfectant power by combining with the albuminous substances of the body.

Izal, as a deodorizer, has been found most serviceable in lessening the stench in cases of advanced cancer, and neutralising that from a decomposing corpse.

The practical applications of Izal are numerous—in surgery, in midwifery, in diseases of the skin, ear, throat and nose, in intestinal antisepsis; as a disinfectant for the mouth, and in infectious diseases, it has been employed with good results. The samples we have received show in what a variety of ways Izal can be applied: for disinfection, as a powder or in peat dust; in soaps of various kinds, household, medicated and for the toilet; as a cream; a tooth powder; smelling salts; lozenges; and an embrocation.

The proprietors of Izal are Newton, Chambers & Co., Thorncliffe, Sheffield.

NESTLE'S MILK FOOD.

Nestlé's Milk Food has been so long in use, and its merits have made it so generally appreciated, that there is nothing new we can say in favour of the sample sent to us.

Its composition and mode of manufacture are no secret. It is composed of thoroughly baked wheat flour mixed in definite proportions with Swiss milk, which has been concentrated in vacuo and sterilized. Nestlé's Milk Food has given satisfaction at Guy's, and in the opinion of therapeutists, among whom we may mention Professor Sidney Ringer, it is the best of all foods for children with great delicacy of stomach, and it is also asserted by others that this Milk Food is a perfect diet and substitute for breast milk.

The Latest House Appointments.

ASSISTANT HOUSE-PHYSICIAN.

Mr. HENRY THOMAS HICKS entered Guy's in October, 1891, and passed the first conjoint examination in elementary anatomy and elementary physiology in March, 1892, and in chemistry in July of that year, and the second conjoint in March, 1893. In addition to the ordinary compulsory appointments, he has held the following:—Aural surgeon's dresser, obstetric ward clerk, dresser in the throat department, clerk in the skin department, clerk to the anæsthetist, clinical assistant in the surgical wards, and clinical assistant. He clerked to Drs. Goodhart and Shaw, and dressed for Messrs. Jacobson and Lucas, and qualified L.R.C.P., M.R.C.S. in October, 1896.

OBSTETRIC RESIDENTS.

Mr. ARTHUR EARNSHAW entered Guy's as a preliminary scientific student in October, 1890, and after passing that examination entered as a "full" student in October, 1891. He passed the first conjoint examination in January, 1893, and the second conjoint in July of that year, and the intermediate examination in medicine in July, 1894. He clerked to Drs. Pye-Smith and Taylor, and dressed for Messrs. Jacobson and Davies-Colley. After holding the compulsory appointments and those of dresser in the throat department, obstetric out-patients' clerk, and clerk to the anæsthetist, he qualified L.R.C.P., M.R.C.S. in October, 1896, passing in all three subjects in that month. He afterwards held the appointments of dresser in the eye wards and clinical assistant. In May of this year he took his M.B. (Lond.) degree.

Mr. GEORGE KENNY LEVICK entered Guy's in October, 1891, and passed the first conjoint examination in elementary anatomy and elementary physiology in March, 1892, and the second conjoint in March, 1893. At the intermediate examination in medicine in July, 1894, he obtained honours in anatomy and in materia medica and pharmaceutical chemistry. He clerked to Drs. Pye-Smith and Hale White, and dressed for Messrs. Jacobson and Golding-Bird (six months). He has held the following appointments in addition to the compulsory ones:—Assistant surgeon's clerk, prosector, clerk to the anæsthetist, dresser in the eye wards, and clinical assistant. He passed in the three parts of the final conjoint in October, 1896, and thus qualified L.R.C.P., M.R.C.S.

Biographies of the other recipients of house-appointments have already appeared in the GAZETTE.

Reviews.

Some Methods and Appliances in Operative and Mechanical Dentistry. By R. P. Lennox. London: Claudius Ash & Sons, Limited, 5, 6, 7, 8 & 9, Broad Street, Golden Square, W. 1897.

The author of this small work says in the preface that the methods he advocates are the outcome of forty years' experience, and we congratulate him upon stating his methods with great modesty. The chapters upon the uses of fusible metal and the adaptation of crowns are probably the best; and it is a matter of regret with us that fusible metal is not used by the profession to a much greater extent than at present. The author has shown considerable ingenuity in the manipulation of matrices, now so generally adopted for the insertion of amalgam fillings, and he describes how matrices can be best made and applied. We have no practical acquaintance with his pneumatic mallet, the construction of which is carefully described and figured, but it appears to be very good. The perusal of the book is recommended to dental students and practitioners, as it is concisely written, well illustrated, and thoroughly practical from beginning to end. In concluding this short notice it is only fair to state that we are not always in accord with the views of the writer, as for instance when he condemns *in toto* bridgework, plaster impressions, and special trays.

A Course of Lectures on Medicine to Nurses. By Herbert Cuff, M.D., F.R.C.S., Superintendent of the South-Eastern Hospital. J. & A. Churchill, London, 1896.

In these lectures on medicine, Dr. Cuff has dealt most successfully with the difficult problem of imparting to nurses such information on disease as will enable them to follow intelligently the progress of their cases, and to appreciate the lines of treatment and nursing that they may be called upon to carry out. All those who have been in any way concerned in the teaching of nurses, will agree with what the author says in his preface on the desire for information shown by them with regard to their work: "No one who has taken part in the instruction of nurses can have failed to notice their desire for more information about the patients they tend than is to be obtained from their manuals. It is unreasonable to expect a nurse to be satisfied with the mere mechanical performance of her duties. If she is interested in her patients, she naturally wishes to learn something about

the diseases from which they are suffering, the explanation of their symptoms, and the object of the treatment. Her own books are either silent on these points, or give but a very slight sketch. She therefore turns to one or other of the students' text-books of medicine in search of the information she desires. The result of her reading must be to a great extent unsatisfactory, owing to the technical language in which such books are written. Yet, how frequently one finds nurses seeking knowledge in this way. In my experience these are the women who most clearly recognise the line which exists between the duties of a nurse and those of the medical attendant." This desire for information is a reasonable one and should surely be satisfied. We are not afraid that the nurse will be taught too much. Rather we believe that such teaching, properly carried out, will enable her to appreciate the limitations of her knowledge. The author has in these lectures dealt with his subject in more detail than is usual in nurses' manuals, and he has given us a series of most readable chapters, written in language as free as possible from technical expressions. In his own words his plan has been to start with a short description of the anatomy and physiology of the affected organ, explaining briefly the changes produced in it by the disease; then to describe such symptoms as can be observed by the nurse; and finally, to give reasons for the various steps in the treatment and nursing. The lectures on the feeding of children and the administration of alcohol are excellent, and may be read—more especially the latter subject—with great advantage by other than nurses. Many practical points, such as the forced feeding of children, the treatment of tracheotomy cases, and of hysterical patients are treated very fully. Dr. Cuff must be congratulated on having so well overcome the difficulties that must have beset his path at every step, and in producing a book that we can so thoroughly recommend to all nurses.

From the Gazette's Special Pathologist.

NOTICES.

J. J. C., Bridlington Quay.—There is old fibroid induration and atrophy of this breast, with moderately acute lobular mastitis supervening. There are some suspicious appearances, but no definite evidence of malignant growth.

H., Reigate.—After incubation no Klebs-Löffler bacilli could be found on the surface of the gelatin.

E. R. M., Hastings.—Tubercle bacilli are present in the sputum, but not in large numbers.

E. R. M., Hastings, No. 2.—The deposit from the centrifuge consists of large stellar crystals of phosphate and a few large crystals of calcic oxalate. No tube casts or renal epithelium can be found.

J. R. A., Sherborne.—Tubercle bacilli cannot be found in this specimen of sputum.

PATHOLOGIST.

Sport.

Association Football.

GUY'S 1st XI. v. IDLERS.

The eleven, in a more or less trained condition, opened the season's fixtures on the 9th, with a match against the Idlers, on their ground at Wanstead.

Thomas took Barker's place in goal, MacAlpin played at left back in place of Longhurst, who is still away, presumably getting fit at some southern watering-place. Greenfield played at left half, Edmonds, a new man, was tried at inside-right, and Joy took MacAlpin's place at centre-half. The game was distinctly good as an opening one; our opponents, a well-balanced, well-trained team, had slightly the better of the game all through, and won by three goals to two. Hughes and Edmonds scored for the Hospital; Brydone scored, and played a hot game all through for the Idlers. MacAlpin and Hughes were early seen to be in great form, with Humphry and Witcomb not far behind. Edmonds and Joy were both slow at getting on the ball, but Joy can feed his forwards nicely, and with a little extra vigour will make a very useful half. The men must train, especially the right wing and full-back. Team:—

Guy's.—A. R. Thomas (goal); W. M. Robson and J. MacAlpin (backs); R. B. Hall, D. Greenfield and G. P. Joy (half-backs); P. S. Mandy, W. H. Edmonds, A. Hughes, L. Humphry and C. P. Witcomb (forwards).

GUY'S 1st XI. v. OLD HARROVIANS.

This match was played at Honor Oak Park on Saturday, October 16th, being the first home match of the season. The pitch has been changed, that of last year, at the top end of the ground, having been given up in favour of the one used in previous years. The ground was in excellent condition, but a heavy wind unfortunately was against a scientific display. Guy's kicked off against sun and wind, and notwithstanding these disadvantages had rather the better of the game. Hughes scored after some good combination of the forwards. On changing over, the Harrovians pressed for a few minutes, and by a clever run Symes-Thomson scored for them. After this, Guy's pressed their opponents considerably, and in time quite worked down their defence, putting on seven more goals in quick succession (Hughes 2, Humphry 2, Edmonds, Mandy and Gray 1 each). The combination among the forwards was, at times, good, but there was a somewhat lackadaisical air about the whole team which must be got rid of. Team:—

Guy's.—A. R. Thomas (goal); E. A. Longhurst and W. M. Robson (backs); G. P. Joy, J. MacAlpin, R. W. B. Hall, (half-backs); L. Humphry, A. Hughes, A. Gray, W. H. Edmonds, P. S. Mandy (forwards).

GUY'S 1st XI. v. NEWBURY.

Played at Newbury on Wednesday, October 20th. Guy's played up the slope in the first half, and at the

commencement the game was fairly even. After about six minutes, however, Newbury began to press, and several good shots were put in which, however, Lavers kept out in quite his old style. Guy's could not settle down at all, and the somewhat heavy state of the ground seemed to upset them. The passing was wild and the defence by no means what it should have been; Newbury were, however, unable to score. About fifteen minutes before half-time Guy's made some determined rushes, and from two of these MacAlpin scored, on the first occasion by a splendid long shot, which completely beat the goal-keeper.

Crossing over, Guy's got well together, and some very good combined play resulted in McAlpin scoring a third goal. From the point Guy's had all the game, quite outplaying the Newbury team; Hughes and Witcomb both scored, the latter twice. Guy's thus won by 6 to 0—a very creditable victory.

In the second half the team played a greatly improved game, the combination being good and the defence sound. McAlpin was in great form at half, and Witcomb showed great improvement on his last year's form, he and Humphry playing very well together. Team:—

Guy's.—N. Lavers (goal); E. A. Longhurst and W. M. Robson (backs); G. P. Joy, J. McAlpin, R. W. B. Hall (half-backs); C. Whitcomb, L. Humphry, A. Hughes, L. Card, P. S. Mandy (Forwards).

GUY'S 2nd XI. v. OLD CRANLEIGHANS 2nd.

Played at Honor Oak on Saturday, October 9th, and resulted in a win for Guy's by 6 goals to 3. During the first half we did all the pressing, the combination of the forwards being good considering that they had never played together before, and they were fairly well backed up by the halves. In the second half the team fell all to pieces, owing, no doubt, to want of training. The shooting of the forwards was fair, the goals being scored by Ash 2, Lacey 2, Camps and Peall 1 each. Team:—

Guy's.—T. R. Beale-Browne (goal); F. M. V. Smith, F. J. Turner, (backs); L. O. Card, G. Chandler, —. Taylor (half-backs); P. W. L. Camps, H. K. Lacey, J. R. S. Ash, P. Hickes and R. Peall (forwards).

GUY'S 2nd XI. v. TOOTING GRAVENEY.
Surrey Junior Cup.

This match was played at Tooting on Saturday, October 16th, and resulted in a drawn game, one goal each.

Guy's having lost the toss, played against the wind and uphill during the first half, and were pressed nearly the whole time, conceding many corners, none of which, however, were taken advantage of. The forwards occasionally got away, but they did not become very dangerous. Towards the end of the first half Tooting scored with a fine high shot quite out of reach of Beale-Browne, who had been playing well.

In the second half Guy's pressed the most, but the shooting was not at all good. Lacey worked hard, and finished up a good rush by scoring at close quarters. During the last ten minutes Guy's woke up and pressed them hard, but were unable to score. The match will be replayed to-day at Tooting. Team:—

Guy's.—T. R. Beale-Browne (goal); F. J. Turner, F. M. V. Smith (backs); L. O. Card, D. G. Greenfield, J. Chandler (half-backs); P. W. L. Camps, H. K. Lacey, J. Ash, P. Hickes, R. Peall (forwards).

Rugby Football.

GUY'S 1st XV. v. LENNOX.

The opening match of the season was played at the Crystal Palace on Saturday, October 16th, against these old opponents. With the exception of a strong wind, the weather was perfect, and a large number of spectators, including a strong contingent of Guy's men were assembled. Wetherell started the season well by winning the toss, and obtaining the advantage of playing with the wind. Lennox started the game, and after the usual interchange of punts had taken place, a scrummage was formed in mid-field. Lennox set to work in good fashion, their forwards working hard and generally obtaining the ball in the scrums, whereas the Guy's forwards seemed half asleep, and allowed themselves to be beaten in the pack time after time. The brothers Wetherell gained ground by dribbling, and Clarke occasionally put in some useful kicks. A good run by one of the Lennox three-quarters carried him through the whole team to Ransford, who just secured him by the jersey; the forwards relieved and once more Guy's pressed, though in a manner that was far from dangerous. Half-time was called without either side having scored.

On resuming the Lennox forwards went off with a rush that landed them on our line, and in some loose play that followed Andreoli picked up, and scored the first try for Lennox. This slightly worried the Guy's men, and they started again with what might have been a rush if it had had a little more spirit in it; as it was it failed, and within five minutes Lennox scored a try which was converted. Guy's now really "bucked up" a bit, and carried the game to the Lennox twenty-five where some good passing among the three-quarters ended in Pye-Smith eluding his opposing three-quarter, and after making a capital opening, passing to Sime who fairly romped round the back, and scored amidst great cheers. Cutler neatly kicked the goal. After a little while Guy's pressed once more, and Pye-Smith receiving from Wetherell, again transferred to Sime, who scored far out; the kick failed, and in spite of the strenuous efforts of the forwards who were really playing with some dash at last, Guy's could not add to their score. The game thus ended in a draw of 1 goal and 1 try (8 points) each.

Remarks.—At first there was an appalling lack of dash in the team, especially among the forwards, who, while playing well individually, were very scrambling, and showed no combination. Let us hope that time will cure this. Of the new men all were good individually—Mullins and Cutler being perhaps the pick. Of last years team Traill showed his usual excellent form. Among the

three-quarters Clarke was off colour, and Rae did not play nearly so well as usual. Pye-Smith shows considerable promise, he takes his passes well, and knows how to make an opening. He passes a trifle too soon, and kicks considerably too late, once getting his return charged down, but he should be good if he overcomes his Soccer habit of "speculating." Sime has wonderfully improved since he last played for the hospital. M. C. Wetherell played well with his brother, but was rather slow in getting the ball away from the scrummage. On the whole the team ought to be a good one, and ought to cut a better figure against Cambridge than Guy's generally do. The following represented the hospital:—

Guy's.—A. C. Ransford (back); F. L. Rae, H. N. Clarke, E. Pye-Smith, F. Sime (three-quarter backs); F. C Wetherell, and M. C. Wetherell (half-backs); H. V. Bagshawe, H. D. Traill, R. C Mullins, H. Cutler, A. Ayre-Smith, R. C. Lawry, T. P. Thomas, and A. H. Wall (forwards).

GUY'S v. CAMBRIDGE.

The usual fixture with Cambridge University was duly brought off last Wednesday, October 20th, and notwithstanding the gloomy prognostications of certain pessimists, who foretold a crushing defeat and who advocated dropping the fixture or combining with Thomas's against the 'Varsity, a really good and close game was witnessed by a fairly large crowd. The weather and ground were all that could be desired, and the Hospital team were at full strength, but Cambridge lacked the services of Bell and Balfour. Guy's loss the toss, and kicked off from the town end of the ground against wind and sun. For the first fifteen minutes play was confined to neutral territory, and nothing of importance happened. Then the 'Varsity pressed, and after some excellent passing, Pilkington scored between the posts, and Campbell converted. On resuming, Guy's broke away, and Rae reached the quarter-line, but the Cambridge three-quarters relieved, and Cambridge nearly got in. From the scrum that followed, Mackie obtained possession, and dropped a pretty goal. Half-time then arrived, and on resuming, Guy's, with the elements more favourable, through Sime, got into the Cambridge twenty-five, but Brydone brought him down. Then Rae put in a splendid run, and got within six yards of the 'Varsity line, where he was stopped by the full-back. A similar incident occurred soon afterwards with no better result. Towards the close, Cambridge pressed rather, but failed to score again. Team:—

Guy's.—A. C. Ransford (back); F. L. Rae, K. B. Alexander, C. T. Pye-Smith, F. W. Sime, (three-quarter backs); F. C. Wetherell, M. C. Wetherell (half-backs); F. G. Gibson, D. H. Traill, R. C. Mullins, A. A. Smith, T. P. Thomas, A. J. Cutler, R. C. Lawry and A. H. Wall (forwards). Referee: Mr. E. V. Gardner, R.A.

Remarks.—The whole performance was a distinct improvement on the previous Saturday's game. During the first half the 'Varsity had much the better of the play, but in the second Guy's fairly held their own, and had quite as much of the game as their opponents. The forwards were individually and collectively good, packing much better, and all working hard to the end. Alexander at three-quarters of course strengthened a weak spot; but Rae and Sime, too, played extremely well. The halves played a good defensive game, as also did Ransford at full back. Mullins received a nasty crack on the eye, which will prevent his playing next Saturday, and the younger Wetherell may also be *hors de combat*, owing to a strain.

GUY'S 2nd XV. v. LENNOX 2nd XV.

Played at Honor Oak Park on Saturday, October 16th, the ground being in splendid condition. Lennox started the game against the wind; the ball was returned well over the half-way line, and Guy's started to press, but the ball was worked back by the Lennox forwards. After about ten minutes Wilks got the ball and scored the first try for Guy's; Morgan took the kick but failed. After the drop out Lennox began to look dangerous, but the ball was slowly worked back, and Dowsett got in, which was converted by Morgan. After the drop Lennox scored a try, the kick failing. Soon after, the whistle blew for half-time, the score being Guy's 1 goal and a try to a try.

On play being resumed the Guy's forwards tackled worse than ever, and Lennox again scored, the kick failing. After this Guy's played rather better, the tackling among the forwards getting rather better, and gradually working the ball into the Lennox twenty-five, Wilks scored, but the kick failed. Soon after, time was called, leaving Guy's winners by 1 goal and 2 tries (11 points) to 2 tries (6 points). The hospital back division played well, but the forwards did not do as well as they ought. The tackling was very bad for most of the game. The scrum did not pack well, and the heeling was very slovenly and slow. Team:—

Guy's.—G. Evans (back); W. J. Wilks, T. Morgan, C. T. Hilton, F. D. S. Jackson (three-quarter backs); E. Dowsett, L. I. Hughes (half-backs); F. G. Gibson, G. Shorland, F. Featherstone, D. P. Watson, P. T. Manson, M. D. Wood, F. G. Rashleigh, C. F. Watson (forwards).

Solution to Case for Diagnosis, see p. 495.

Post-mortem.—A large caseous gland was found opening the trachea on the right side just at its bifurcation, completely blocking the right bronchus, and nearly closing the left as well. The main mass of the gland was outside the trachea and must have pressed on it considerably. It seems probable that this pressure caused the paroxysmal attacks, and that it only actually opened into the trachea shortly before death.

Marriage.

PEAKE—JAMES.—On October 14th, at the Parish Church, Hendon, by the Rev. C. Hose, William Harland Peake, M.B., B.S., of "The Limes," Marden, Kent, to Etheline, youngest daughter of the late Robert James, Esq., and Mrs. James, Hendon, Middlesex.

Death.

DRING.—On October 5th, at West View, Seaford, Herbert Johnson Dring, M.B., C.M., in his 39th year.

Ed.—F. E. W.

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Calendar of Coming Events.

November.

Sat. 6.—Mr. Lucas' take-in; Drs. E. W. S. Rowland and F. E. Walker; Cl. A. E. Porter.
1.30 Clinical lecture by Dr. Hale White.
G.H.R.F.C., I., Catford Bridge, home.
G.H.A.F.C., I., Surbiton, home.
II., Surbiton II., away.
U.H.H.&H., Ordinary run at Chingford.

Wed. 10.—1.30 Clinical lecture by Mr. Davies Colley.
Mr. Golding-Bird's take-in; Drs. G. C. Owsley and H. E. C. Fox; Cl. F. S. Batchelor.
G.H.R.F.C., I., Royal Engineers, away.
G.H.A.F.C., I., Mr. Kirkpatrick's XI., home.

Thur. 11.—Primary Fellowship Exam.
G.H.C.U., Address by Rev. B. W. Clinch, "The Christian Medical Student's Service for Christ."

Fri. 12.—Exam. for L.D.S. Eng.

Sat. 13.—1.30 Clinical lecture by Dr. Hale White.
G.H.R.F.C., I., Croydon, away.
II., Rosslyn Park, home.
III., Court Hill, away.
G.H.A.F.C., I., Croydon Park, away.
II., Croydon Park, home.
U.H.H.&H., Invitation run with Blackheath Harriers, to be followed by a Smoking Concert.
G.H.P.S., Pathological evening.

Tues. 16.—Last day for applying to Registrar for form of Entry for B.S. Lond.

Wed. 17.—1.30 Clinical lecture by Mr. Howse.
Mr. Howse's take-in; Drs. H. C. Sturdy and J. E. Powell; Cl. A. J. Cleveland.
G.H.R.F.C., I., East Sheen, away.

Thur. 18.—G.H.C.U., Missionary Meeting.

Sat. 20.—1.30 Clinical lecture by Dr. Pye-Smith.
G.H.R.F.C., I., Old Merchant Taylors, home.
II., London Scottish, away.
G.H.A.F.C., I., Reigate, away.
II., Crystal Palace, home.
U.H.H.&H., Five mile handicap at Chingford.
8, Meeting of Debating Society.

Guy's Hospital Gazette,

NOVEMBER 6, 1897.

The Chemical Examination of Gastric Contents.

A Paper read before the Physical Society on October 30th, 1897, by Mr. Frank Shufflebotham, B.A., Cantab.

Mr. President and Gentlemen,—The subject which I have the honour to bring before your notice to-night—the chemical examination of gastric contents—is undoubtedly the one which, next to bacteriology, has, during the last twenty years or so, received more attention than any other branch of medical science.

Two causes can be assigned for the rapid advances made in this period. The first, and perhaps the more important, is the use of the stomach tube, an instrument which enables us to study the various processes of digestion at its different stages. Previous to the adoption of this method, all we knew about digestion was obtained from observations made upon a few isolated cases of gastric fistulæ, so we can easily understand why our knowledge on this point was so extremely limited. The second cause results from the researches of the French philosopher, Berthelot, who was the first to put the chemical analysis of stomach contents on a firm scientific basis.

Some investigators have claimed that the examination of gastric contents in cases of disorders of the stomach bears the same relation to the actual disease as analyses of urine do to diseases of the kidney. I can think of no reason, however, which will uphold this comparison, and the most cursory examination of the structures and nerve supply of the stomach ought at once to reveal the fallacy of such a claim. The vague enervation must never be overlooked in comparing it with the kidney, nor should we ever forget that the delicate functional changes, which play so prominent a part in reflex dyspepsia, can never be determined by chemical analyses, not even the most searching and exhaustive.

The material we require for examination may offer itself to us unsolicited, in other words, it may be actual vomit. If the peristalsis be sufficiently vigorous, the organ may totally evacuate itself. In cases of greatly dilated stomachs, however, no matter how vigorous or how prolonged the peristaltic action, only a mere fraction is expelled. But by means of the tube we can draw off

what remains, and its examination may reveal something of great diagnostic importance.

The processes of digestion are very often examined after giving test-meals, and the stomach contents are drawn off at different periods of time after the meal. When making systematic analyses it is best to adopt a definite routine in this procedure. All kinds of meals have been suggested by different physicians, and the greatest extremes have been adopted. Some have found that ten ounces of dry bread and half-a-pint of water have served every purpose they wished, while others have prepared a menu of six courses, probably with a view of overcoming the instinctive prejudice which a patient shows to having his stomach interfered with in so unpleasant a manner. The test-meal at Guy's consists of two slices of bread and butter with half-a-pint of milk, given at 8 a.m. Two hours later the stomach contents are drawn off.

Before giving the test-breakfast it is always as well to consider whether anything will be gained by putting the patient under this treatment. In a case of long-standing dilatation of the stomach, due to carcinoma pylori, there is always a great deal of residual fluid which has undergone fermentative changes, so that in a case of this kind it would be absolutely futile to give a test-meal with the hope of learning anything about the digestive prccesses going on. If you are desirous of making investigations on this point, the stomach must be constantly washed out until the washings are clear and sweet. Then the test-meal may be given to advantage.

There is one practical point I would like to mention with regard to drawing off the gastric contents. In some instances after the test-meal has been given, it may be impossible to draw off anything whatsoever. The contents can only be extracted by pouring water down the tube. The amount of water thus used should be measured, and in making a quantitative estimation of the constituents of the specimen, a correction will necessarily be involved.

The gastric contents we now possess probably contain a certain amount of solid material, which seems to have great avidity for the acids present. If we were to filter straight away, a great loss of acid would be entailed, but this is avoided by shaking up the gastric contents in a stoppered bottle, until the solids are broken into small pieces. We should now filter, and this process is facilitated by the use of a corrugated funnel and filter paper.

The analysis of the filtrate is what concerns us. By means of litmus, we can find the reaction, and having satisfied ourselves as to its acidity (I will touch upon alkaline vomit subsequently), we should next determine to what the acidity is due. It may be on account of free hydrochloric acid alone, or free organic acids—lactic, acetic, butyric—rarely it may be due to the presence of acid salts, but the commonest cause of all is the hydrochloric acid combination with proteids. I would lay special stress on the last, as it is a point which is not emphasised in the standard works on the subject, and has not claimed any notice whatever from a great many investigators. Of all the cases I have examined, I can only recall one where absolutely *free* hydrochloric acid was present. This was in a specimen from the Clinical Research Association, which Mr. Hopkins asked me to examine. Mr. Hopkins tells me that he has found free hydrochloric acid several times in samples sent to him for analysis. One condition, which might be suspected sometimes to account for the acidity—namely, the simultaneous presence of free hydrochloric acid and free lastic acid—never occurs.

Before determining the nature of the acid and acid-proteids present in the gastric contents, we should estimate the amount of acidity of the filtrate we are now considering. Twenty cubic centimètres is a convenient quantity to use for titration. If it be colourless or pale yellow, as it very often is, there is no need for dilution, but should the filtrate be of a dark colour, it will be necessary to add water until the tint has almost disappeared. A saturated alcoholic solution of phenol-phthalein is the best indicator to use, and two or three drops are ample for any titration. The advantages of phenol-phthalein over litmus, are that the colour change at the critical point is so definite as to be easily appreciated by the uneducated eye, and secondly, that the operation can be carried out in the cold, and not as in the case of litmus, where boiling is absolutely necessary to ensure an accurate result. A decinormal solution of sodium hydrate is the alkali against which the acid is titrated.

The result is best expressed in terms of hydrochloric acid. For instance, suppose 10 cc. of decinormal sodium hydrate solution be required to neutralize 20 cc. of the gastric contents, considering 1 cc. of decinormal sodium hydrate solution is equivalent to ·00365 grammes of hydrochloric acid, then the total acidity of 20 cc. of gastric contents would be equivalent to ·0365 grammes of hydrochloric acid, or the total acidity of 100 cc. of stomach contents would be equivalent to ·182 grammes of hydrochloric acid. This is the most convenient way of expressing the acidity, and it is the one generally adopted by all investigators on the subject. It should be borne in mind that it is not the same as saying that the acidity is ·182 per cent.

The presence of free acids and hydrochlor-proteids can be shown in two ways:—

A. By means of Congo red. A piece of filter paper is dipped in a saturated aequeous solution of Congo red and allowed to dry. This changes from red to blue when brought in contact with free hydrochloric acid, free organic acids, hydrochlor-proteids or a combination of them.

B. By means of benzo-purpurin. The test is applied in the same way as the previous one, but the colour changes from purple to black under the same conditions as above.

Now the free acids which may be present, as I have before mentioned, are hydrochloric, lactic, acetic and butyric acids. The two latter differ from the former two by being volatile, a fact which led Dr. Martin to

divide the free acidity of the stomach contents into two classes :—

1. Fixed acidity, due to hydrochloric or lactic acid.
2. Volatile acidity, due to acetic or butyric acid.

Distinguishing tests for free hydrochloric acid.—I should be wasting your time, gentlemen, if I were even to enumerate the various tests which have been proposed from time to time for the detection of free hydrochloric acid. A great many are very delicate when applied to aequeous solutions of hydrochloric acid, but are untrustworthy when used for the purpose of detecting this acid in stomach contents.

Without exception, they are all based upon colour reactions.

The test which I have always applied, and which I believe to be the most elegant and at the same time the most reliable, was first introduced by Gunzberg. A test solution is made up as follows :—

Phloroglucin	...	2 grammes.
Vanillin ...	...	1 gramme.
Absolute Alcohol	...	30 cubic centimètres.

This reagent, when not in use, should be kept in the dark, as otherwise, changes may take place which will render the test uncertain.

To perform the test, a few drops of the filtered stomach contents are put in a porcelain dish, and two or three drops of Gunzberg's solution are added. We now evaporate to dryness on a water-bath, and if free hydrochloric acid be present, a characteristic rose-red colour is developed, owing to the production of red crystals. There can be absolutely no mistake about the colour when it is obtained. I would like to advise those who purpose making any gastric analysis to become familiar with it, as by so doing it may obviate a lot of discussion with some who may not even know how the test is carried out.

The other test to which I propose to call your attention is probably known to all. I refer to the Tropaolin test. A solution of Tropaolin 00 in alcohol and water is used for this purpose. When the solution is concentrated it possesses a reddish-yellow colour, which changes to a characteristic reddish-pink when in contact with mineral acids. This test is not always reliable. Its accuracy depends upon the quality of the Tropaolin from which the solution is made up. This substance seems to vary a great deal, according to the chemist from whom it is obtained, and even the same chemist very often fails to make a substance which possesses identically the same properties each time.

I have already stated that only one specimen of gastric contents which I have analysed contained free hydrochloric acid, but it must not be inferred from this that the acid was not being secreted by the gastric epithelium. Hydrochlor-proteids were present in every case, and it is this point to which we must direct our attention. What we desire to know is, if the acid is being secreted, and in what quantity. Considering the amount of albuminous material present in the food, we cannot for one moment wonder that no free acid is found. As soon as the acid is secreted, it unites with the albumen to form hydrochlor-albumens, which will react to litmus, and can be titrated by means of standard alkalies, but the constituent hydrochloric acid cannot be detected by means of Gunzberg's test.

We thus see that the hydrochloric acid of the stomach contents may be either free or in combination with proteids. The mere fact of its absence as determined by Gunzberg's test should be no source of alarm. It is only when we fail to find acid proteids that we know that the hydrochloric acid is not being secreted.

Speaking generally, we may say that gastric juice does not contain *free* hydrochloric acid in the true chemical sense of the term. We have proof of this in the experiment of Bernard, who showed that a very weak solution of hydrochloric acid would dissolve oxalate of lime, but that gastric juice possessed no such property. Again, Blondlot proved that gastric juice does not decompose calcium carbonate, while the most dilute solution of free hydrochloric acid decomposes this body with ease.

Berthelot* inferred from his experiments that the hydrochloric acid of the gastric juice behaved as if it were united with a feeble organic base, such as leucin or peptone, and not as if it were in a free state.

Further, the process of digestion can go on without the presence of free hydrochloric acid. This can be shown in the following way:—A fairly concentrated aequeous solution of egg albumen is taken, and a known quantity of standard hydrochloric acid is added to the extent of ·25 grammes per 100 cc. If the egg albumen be in sufficient quantity, this solution will not give the characteristic colouration with Gunzberg's reagent, showing the absence of free hydrochloric acid, and yet on the the addition of pepsin, peptone is formed after the product has been kept at a constant temperature of 37° C. for five or six hours.

I said "if the egg albumen be in sufficient quantity." Should the solution of egg albumen be very weak, in adding the same amount of hydrochloric acid and applying Gunzberg's test, we might have an indication of the presence of free acid. In order that this test should come off, the hydrochloric acid must be more than sufficient to combine with all the proteids present, and this applies to albumoses and peptones just in the same way as to albumens.

But time is an important factor in the artificial production of acid proteids. Were some two or three hours allowed to elapse before applying the test, we might find that all the acid had gone into combination with the proteids, and that whereas the hydrochloric acid was more than sufficient to combine with the proteids immediately after its addition, yet after the lapse of this period of time, chemical combination had taken place.

Distinguishing test for lactic acid.—For this purpose we require to make up a solution known as Uffelmann's reagent. It consists of 10 cc. of a 1 in 20 carbolic acid

* Ann. de Chimie et de Physique, 4e série, t. xxvi., p. 396.

solution, and 20 cc. of distilled water. One or two drops of liquor ferri perchloridi is added, and an amethyst blue colouration obtained. The solution should be prepared fresh each time, as it does not keep. In the presence of lactic acid the blue colouration is changed to yellow, while acetic acid renders it brownish. Hydrochloric acid has no effect on this reagent. The brownish colouration of acetic acid is not at all reliable, and may not be obtained even when the acid is in large quantities.

There are no good tests for acetic and butyric acids in the stomach contents. It is said that the former can be recognised by its vinegar-like odour, and the latter by its rancid smell. But, gentlemen, these acids usually occur together, and so we have a condition of things which, I feel sure, cannot be recognised even by the most highly developed nasal epithelium.

Quantitative analysis of gastric contents.—The object of a quantitative analysis is to determine, in the first place, the amount of hydrochloric acid present, either free or combined with proteids; and in the second place, the amount of organic acids, which will indicate whether fermentative changes are taking place in the organ or no.

As we have shown that the presence of free hydrochloric acid is not necessary for the digestive processes, our method of estimating this acid must be so chosen as to take account of that part of the acid which is physiologically effective, that is to say, the part which is combined with the proteids—albumens, albumoses, and peptones—found in the stomach contents.

It is mainly due to the investigations of Berthelot that we are enabled to separate the organic acids from the free hydrochloric acid and hydrochlor-proteids, and to estimate each in an accurate manner. Berthelot found that by shaking up an aequeous solution of any acid with ether, and then allowing the two fluids to separate, a part of the acid passed into the ether, while the remainder clung to the water. The ratio between these two he proved to be a constant quantity—*the co-efficient of partage*—the value of which is a fixed characteristic for each particular acid. This affects organic acids to a considerable though variable extent. Inorganic acids yield nothing when agitated with ether.

It is generally believed that the ether will not extract all the lactic acid, but by performing the estimation in the manner I am about to describe, a determination can be obtained which possesses sufficient accuracy to serve every clinical purpose. Twenty cubic centimètres of filtered stomach contents are placed in a stoppered cylinder, and thirty cubic centimètres of ether are added. We then shake the cylinder vigorously for twenty minutes or half an hour. Now, it should be placed away for several hours, or, better still, leave it all night, after which the shaking process should be repeated for another half hour. This mode of procedure is very efficacious in removing the lactic acid.

In some experiments which I performed a little time ago, I added a known quantity of a standard solution of lactic acid to some specimens of vomit, and after treating them in the manner indicated I never failed to extract less than 90 per cent. of the acid which had been added. Good results were also obtained when I added the lactic acid to hydrochlor-albumen which I had artificially prepared.

Again, in very many determinations I have made, I have extracted with ether four and five times, but if the above course were adopted for obtaining the first extract not even the slightest trace of lactic acid could be found in the subsequent extracts.

The ethereal extract is drawn out of the cylinder by means of a pipette, and placed in a porcelain dish along with a little distilled water. The ether is evaporated in a water-bath and the lactic acid passes into the distilled water, and can be titrated with a decinormal solution of sodium hydrate, phenol-phthalim being used as the indicator. This gives the amount of free lactic acid.

What remains in the cylinder should be gently boiled for a few moments to drive off whatever acetic or butyric acid be present, and then titrated in the same way. This yields the total amount of physiologically-effective hydrochloric acid.

Both these results are expressed in terms of hydrochloric acid.

If the sum of lactic and combined hydrochloric acids be the same as the total acidity we may assume that acetic and butyric acids are absent.

A quantitative estimation of these two volatile acids can be obtained by distilling a known volume of gastric contents, and titrating the distillate with a standard alkali.

Diagnostic significance of the variations of hydrochloric and lactic acids.—We will first consider the case when the amount of physiologically-effective hydrochloric acid is normal, *i.e.* about ·22 grammes per 100 cubic centimètres, and no lactic acid is present. This condition indicates one of two things, either a normal state of affairs, or at least the absence of any serious structural lesion of the stomach. Such a result is of the greatest practical importance in cases of vague gastric symptoms, which may accompany almost any internal disease. When all the symptoms point to the stomach, the occurrence of normal acidity indicates nervous dyspepsia or some intestinal trouble. In chronic gastritis, we find diminished secretion of hydrochloric acid, and since the subjective symptoms of both these complaints are very similar, the examination of the stomach contents materially assists us in differentiating the one from the other. Of course there is no hard and fast line, as you can well imagine. Lessened hydrochloric acid may occasionally occur in nervous dyspepsia, and the normal amount may not unfrequently be found in atony of the stomach. But speaking generally, I think that the distinction I have laid down will hold in nineteen cases out of twenty.

When we find a constant diminution in the production of hydrochloric acid, with no evidence of any fermentative changes as evinced by the presence of lactic acid, we may suspect chronic gastritis, but the same condition may occur in cases of gastric ulcers, atony or dilatation

of the stomach. Patients suffering from incipient carcinoma will not secrete the normal amount of hydrochloric acid, but in these cases lactic acid is very often present.

An increase in the secretion of hydrochloric acid is present in a considerable number of patients suffering from gastric ulcers. In one case I examined, the amount of physiologically-effective hydrochloric acid was ·6 grammes per 100 cc. of stomach contents.

Boas describes some cases where the acid was altogether absent, and says this condition occurs sometimes in advanced chronic gastritis, gastric neuroses and cancer. I believe that Boas* refers to *free* hydrochloric acid, although in his paper no distinction is made between *free* acid and hydrochlor-proteids.

When lactic acid is present, and where the tests for hydrochloric acid are negative, we may presume that we are dealing with a cancer. The conditions which favour the formation of lactic acid are stagnation of the gastric contents and absence of free hydrochloric acid. The lactic acid bacillus which is responsible for the formation of the acid, is reported by many to be killed by *free* hydrochloric acid, although the contrary opinion is held by Ewald. It has proved to be absent in innocent stomach affections, such as chronic gastritis, atony, etc., even in the faintest traces.

Therefore, when we have these three conditions, absence of *free* hydrochloric acid, stagnation of stomach contents, and the presence of a large amount of lactic acid, I think we may make the diagnosis of gastric carcinoma even when a tumour is not palpable.

The absence of lactic acid does not absolutely exclude carcinoma, as it may be understood that the conditions favourable to the formation of this acid are not found in every case. Yet, in view of the statistics on the point, the absence of lactic acid is strong evidence against the existence of cancer.

This should be borne in mind in a large class of doubtful cases of chronic gastritis, where the constitutional symptoms, emaciation diminished secretion of hydrochloric acid and the general appearance of the patient lead us to suspect malignant disease.

ANALYSES OF GASTRIC CONTENTS IN CASES OF CARCINOMA PYLORI.

The results are expressed in grammes of hydrochloric acid per 100 c.c. of stomach contents.

	Total Acidity.	Physiologically effective Hydrochloric Acid.	Lactic Acid.
CASE I.—			
a. Vomit	·23	·178	·05
b. Vomit	·23	·152	·08
c. Drawn off by a tube ...	·212	·163	·05
d. Drawn off by a tube ...	·23	·18	·05
e. After test-breakfast, and washing out stomach daily for ten previous days	·25	·25	—
CASE II.—			
a. After test-breakfast ...	·281	·228	·05
CASE III.—			
a. Vomit	·09	·09	—
b. Drawn off by a tube ...	·10	·09	—
c. Drawn off by a tube ...	·14	·118	·02
d. Drawn off by a tube ...	·132	·120	·012
CASE IV.—			
a. After test-breakfast ...	·202	·136	·06
b. Vomit	·176	·172	—
CASE V.—			
a. Vomit	·151	·148	·002
b. Vomit	·143	·142	·001
c. Vomit	·144	·142	·001
CASE VI.—			
a. Vomit	·29	·165	·12
b. Vomit	·243	·162	·08
c. Vomit	·251	·168	·082

In six cases of carcinoma pylori I have had an opportunity of examining the stomach contents. In none of them did I find *free* hydrochloric acid, but the presence of physiologically-effective hydrochloric acid could be demonstrated in all. This was a variable quantity, and varied in the same patient from time to time. Reference to the table will show this. In case III. on one occasion it fell as low as ·09 grammes per 100 cc., while in case I. after the stomach had been washed out daily for ten days and a test-breakfast given, we find it to the extent of ·25 grammes per 100 cc.

Lactic acid was present in all the cases on some occasion or other. The largest amount I have found is that quantity which is equivalent to ·12 grammes of hydrochloric acid per 100 cc. This was in case VI. In the first case I quote, it diminished entirely after repeated washing out, and in all but case III., it was found in the stomach contents on the patient's admission to the hospital. Six days after admission, however, lactic acid was found to the extent of ·2 grammes per 100 cc. expressed in terms of hydrochloric acid. There was no mistake about the diagnosis of this case, for the growth was removed by operation.

In twenty-one cases examined by Boas, lactic acid was present in twenty, and Ewald found it in twenty-two out of twenty-four cases. Boas states that he did not find hydrochloric acid in any of his cases, but as he does not say whether he means *free* or combined hydrochloric acid, the observation is practically worthless.

I will now quote a case to show how the diagnosis of carcinoma pyloris could be refuted by means of the analysis of the vomit. A patient, 67 years old, was admitted to the hospital for vomiting, pain in the stomach after food, and cachexia. The illness began six months previous to admission. There was some slight distension of the abdomen, peristalsis was observed travelling from the left costal margin towards the umbilicus, and splashing could be made out. No tumour

* Krankheiten des Magens, 3te Auflage, p. 579.

was felt. On the day after admission he vomited 10 ounces of an alkaline fluid, and two days later he vomited 38 ounces of fluid which was also alkaline in reaction, the alkalinity on this occasion being equivalent to a one-fortieth normal solution of sodium hydrate. Patient had received no medicinal treatment whatever. Now this alkaline fluid could not be either pancreatic or stomachic in origin, for, in the first place, it contained no trypsin, and, in the second place, no pepsin. But ptyalin was discovered, a fact which showed that the fluid was salivary in nature. A bougie could easily be passed into the stomach, which proved there was no obvious stricture of the œsophagus. After palliative treatment for three weeks, the patient was discharged, so the actual cause of this trouble was not found out. One thing, however, was evident, and that was, that he was not suffering from carcinoma pylori.

I would like to say, in conclusion, gentlemen, that something may be learnt by examining the vomit of patients suffering from other than diseases of the stomach.

In both anæmia and Bright's disease there is found to be a deficiency of physiologically-effective hydrochloric acid. In heart disease there seems to be difference of opinion, some believing there is no change, while others hold that there is diminished secretion of hydrochloric acid. Quite recently I have examined the vomit from four patients suffering from heart disease, and found that the amount of physiologically-effective hydrochloric acid was lessened in all of them. This is of importance from a point of view of treatment, for under these circumstances, digestion can be artificially aided by the administration of suitable drugs.

I cannot resume my seat, gentlemen, without expressing my debt of gratitude to those physicians on the staff, who have so kindly allowed me to refer to their cases, and to Dr. Newton Pitt, for his valuable criticism on several occasions. I must also thank Mr. F. W. Brook for many helpful suggestions he has made, but it is to Dr. Bryant and Mr. Hopkins, that I am especially grateful. They have afforded me every facility for conducting my researches, and their advice and assistance throughout have been indispensable to me.

Mr. HOWARD opened the discussion by thanking the reader of the paper for his interesting communication, and he reviewed his conclusions as to the diagnostic value of the analysis of gastric contents.

Mr. SPRIGGS asked the meaning of nervous dyspepsia.

Mr. FREMANTLE enquired how the proportion of mucus affected the total acidity of vomit.

Mr. PORTER asked whether both free hydrochloric acid and hydrochlor-proteids were found in carcinoma of the stomach.

Mr. SHUFFLEBOTHAM having replied to these and other questions, then gave a valuable demonstration of the modes of applying the various tests for hydrochloric and organic acids, the estimation of total acidity, and the co-efficient of partage, etc. The meeting then adjourned.

Hospital News.

CLASSIFIED LIST OF CASES.

In the Medical Wards.

Circulatory System.

MARY	4.	Rheumatism. Mitral stenosis.
	7.	Mitral stenosis.
	9.	Ulcerative endocarditis.
	15.	Mitral regurgitation. Acute rheumatism.
	25.	Mitral regurgitation and obstruction.
	27.	Morbus cordis.
	46.	Mitral disease.
PHILIP	5.	Irregular heart. Large liver.
	21.	Morbus cordis. Pleurisy.
	24.	Pericardial endocarditis. Rheumatism.
	29.	Aortic incompetence.
	32.	Mitral regurgitation.
STEPHEN	7.	Aortic aneurysm.
	26.	Mitral regurgitation. Rheumatism.
	29.	Mitral disease. Rheumatism.
	37.	Aortic regurgitation.
	Cot.	Congenital heart disease.

Nervous System.

MARY	20.	Peripheral neuritis.
	40.	Alcoholic neuritis.
	48.	Chronic myelitis.
PHILIP	12.	Locomotor ataxy. Endocarditis.
STEPHEN	12.	Paraplegia diplopia.
	15.	Paralysis of third nerve.

Alimentary System and Abdomen.

MARY	2.	Gastric ulcer.
	3.	? Appendicitis.
	29.	Tuberculous peritonitis.
PHILIP	14.	Appendicitis.
	25.	Tonsillitis.
	35.	Icterus.
	37.	Carcinoma of pylorus.
STEPHEN	4.	Ascites. Enlarged liver.
	19.	Abdominal growth.
	20.	Abdominal growth.
	40.	Carcinoma of stomach.

Typhoid Fever.

MARY	18, 26, ? 37.
PHILIP	6, 11, 38.
STEPHEN	5, 14, 32, 33, 38.

Genito-Urinary System.

MARY	28.	Tubal nephritis.
PHILIP	9.	Bright's disease. Ascites.
	28.	Sub-acute nephritis.
	36.	Acute tubal nephritis.
	40.	Acute tubal nephritis.
STEPHEN	9.	Mixed nephritis.

Respiratory System.

Mary	3.	? Phthisis.
	5.	Chronic bronchitis.
	19.	Contracted lung. Bronchiectasis.
	23.	Phthisis.
	45.	Phthisis.
	47.	Empyema.
	Cot 55.	Lobar pneumonia.
Philip	2.	Phthisis.
	8.	Pleuritic effusion.
	17.	Phthisis.
	20.	Empyema.
	22.	Hæmoptysis.
	26.	Phthisis.
	39.	Empyema.
Stephen	6.	Pneumonia.
	13.	Phthisis.
	16.	Pneumonia (double).
	18.	Broncho-pneumonia.
	23.	Empyema.
	35.	Phthisis. Fibroid lung.
	37.	Phthisis.

Miscellaneous.

Mary	8.	Diabetes mellitus.
	11.	Chlorosis.
	21.	Dolor dorsalis.
	22.	Diabetes mellitus.
	31.	Pelvic suppuration.
	33.	Phlegmasia alba dolens.
	34.	Acute rheumatism.
	35.	Enlarged lymph glands.
Philip	3.	Eczema.
	16.	Acute rheumatism.
	27.	? Influenza.
	30.	Obstruction to superior vena cava.
	32.	Purpura.
	33.	Dysphagia. Enlargement of lymph glands.
Stephen	3.	Polyarthritis. ? Rheumatism.
	31.	Lupus.
	39.	Gout.

In the Surgical Wards.

Cases under Mr. Howse.

Naaman	1.	Laryngeal growth.
	3.	Glands in neck.
	4.	? Tuberculosis.
	12.	Epididymitis.
	12.	Prolapse after colotomy.
	16.	Hæmaturia.
Charity	6.	Growth in naso-pharynx.
	8.	Radial ulcer.
	13.	Perforating ulcer.
	Cot.	Spinal caries.

Cases under Mr. Davies-Colley.

Cornelius	5.	Dislocation of hip.
	9.	Vicious union of radius and ulna.
	13.	Fractured skull.
Lydia	3.	Ovarian tumour.
	6.	Umbilical hernia.
	22.	Fractured patella.
	Cot.	Necrosis of femur.
Luke	2.	Hallux valgus.
	4.	Umbilical hernia.
	5.	Radical cure for hernia.
	9.	Suppuration in neck.
	13.	Anthrax.

Cases under Mr. Golding-Bird.

Martha	5.	Lympo-sarcoma of thigh.
	18.	Lipoma of post-triangle.
	20.	Umbilical hernia.
	22.	Tumour of buttock.
	Cot B.	Nævus.
	Cot Q.	Talipes equino varus.

Cases under Mr. Jacobson.

Dorcas	2.	Bony anchylosis of knee.
Patience	3.	Gangrene of thumb.

Case under Mr. Symonds.

Samaritan	7.	Necrosis of jaw.

Cases under Mr. Dunn.

Lazarus	1.	Epithelioma of penis.
	2.	Epithelioma of floor of mouth.
	3.	Malignant stricture of œsophagus.

"Clinical."

John.	1.	Abdominal tumour.
	2.	Abdominal tumour.
	3.	Intestinal obstruction. Gangrenous gut. Colotomy.
	4.	Intestinal obstruction. Growth. Colotomy.
	5.	Typhoid.
	6.	Tuberculous pleurisy.
	7.	Pneumonia. Pericarditis.
	8.	Acute rheumatism.
	10.	Typhoid.
	12.	Typhoid.
	13.	Double mitral and aortic disease.
	15.	Laryngeal stenosis. Tracheotomy.
	16.	Renal colic.
Miriam	17.	Congenital hypertrophy of sigmoid. Colotomy.
	18.	? Pyrexia.
	20.	Renal tumour. ? Tuberculous.
	21.	Typhoid.
	22.	Aberrant renal calculus. Renal fistula.

MIRIAM 24. Diabetes mellitus.
25. Pericarditis.
26. Empyema.
27. General suppurative peritonitis.
28. Acute rheumatism.
29. Intestinal obstruction. Colotomy.
30. Double mitral disease.
31. Purpura hæmorrhagica.
COT 33. Marasmus.
34. Tubercular meningitis.
35. Broncho-pneumonia.
36. Broncho-pneumonia.

A Case of Malignant Growth of the Testicle.

Being one of Mr. R. P. ROWLAND'S Commentaries for the Bredin Prize.

(*Concluded.*)

The chronic course would be a point in favour of hydrocele. The shape (oval) is not unlike that of a hydrocele, but one would expect a large hydrocele to be more globular. The history of injury might also agree with the theory of hydrocele, but much more so with hæmatocele. The good general health would agree with hydrocele very well.

(*b*). *Hæmatocele, primary or secondary to hydrocele. Chronic.*—Acute primary hydrocele is quite out of the question. Recent bleeding into an old hydrocele might be the cause of a tumour like the one the patient has. A chronic or old hæmatocele *may* have an uneven surface, and may be soft in some places and hard in others.

Against hæmatocele are :—

1. The gradual growth of this tumour, the onset of hæmatocele being almost always sudden, and occurring after an injury or tapping, etc.
2. Points 1, 3, 4, 5, 6, 7, 8 and 9—urged against hydrocele. Translucency and thrill are not expected in hæmatocele.

In favour of hæmatocele are the points given for hydrocele and the history of injury.

It is often very difficult to diagnose hæmatocele from sarcoma or carcinoma of testis.

2. Diseases of the epididymis :—

(*a*). *Epididymitis* of any kind is excluded by the very *large size*, and *long history*, etc., etc.

(*b*). Tubercle of the epididymis testicle is also excluded by the same two points, as well as by :—

1. The age of the patient, tubercle affecting *almost* exclusively young people.
2. The unilateral character, tubercle being often bilateral.
3. The greater pain.

The prostate is enlarged in this case, due to old age, pseudo-hypertrophy, and not due to tubercle.

(*c*). *Encysted hydrocele* of the epididymis is excluded because :—

1. This tumour is much too large for encysted hydrocele, the latter rarely attaining a size greater than that of a small orange.
2. The testicle cannot be found apart from the tumour, below and in front, as in encysted hydrocele.
3. The tumour is not translucent.
4. The tumour is hard in places, etc. No fluid escaped on tapping, and numerous other reasons might be urged, but they are unnecessary.

(*d*). New growths of the epididymis are very rare. This might be a new growth of the epididymis involving the testicle, but the shape is much against this.

Encysted hydroceles of the lower part of the cord are small and separate from the testicle.

3. *Diseases of the Testicle.*

A. Orchitis { Acute, Chronic. } Simple.
Syphilitic.
Tubercular.

B. Encysted Hydrocele and Hæmatocele.

C. New Growth—1. Innocent { Enchondroma. Fibroma. Myxom. Mixed tumour Adenoma. Myoma. Osteoma. Lymphadenoma, etc.

2. Malignant
Cystic disease.
Sarcoma.
Carcinoma { 1. Medullary. 2. Scirrhus.

A. Orchitis.

I. Acute orchitis is out of discussion because of the *chronic* nature of this case, etc.

II. Chronic orchitis, apart from epididymitis, is almost unknown, and never gives rise to a *large* tumour.

III. Syphilitic orchitis ;

(*a*). Interstitial orchitis only gives rise to very moderate enlargement of the testicle.

(*b*). Gummatous orchitis, also

1. Rarely leads to an enlargement greater than the size of an orange.
2. There is no history of syphilis or evidence of it in this case.
3. Pain is slight or absent in specific orchitis.
4. Specific orchitis is frequently bilateral.

The uneven surface and local softenings would go well with gummatous orchitis, and so does a chronic course, but hardly one so chronic as this.

Other points against syphilitic testis are the rapid enlargement of late, and the presence of an abdominal tumour in the position of glands receiving lmyph from the left testicle ; the age of the patient, spyhilitic orchitis occurring as a rule in much younger patients.

No one could for a moment suppose that the tumour was a gummatous testis.

Tubercular testis has been discussed, and is still more certainly absent than is gummatous testis.

(*B*). Encysted hydrocele, and hæmatocele of the testicle, are so rare and usually so small as to be practically out of consideration in this case.

(*C*). New growths.

I. *Innocent new growths* of the testicle are very rare indeed, and "the several structures of which they are composed are seldom met with *alone* in tumours of the testicle," "but in combination with one another, with cysts or with cancer and sarcoma they are not uncommon" (Henry Morris).

This tumour was much too soft for an enchondroma (pure). The chronicity, ovoid shape and irregularity, would suit enchrondroma. Adenoma will be mentioned later (cystic disease). Pure osteoma, myoma and myxoma are too rare to merit discussion. The rare cases of lymphadenoma ran a more acute course and often attacked both testes and caused multiple subcutaneous secondary deposits. This course is similar to that of sarcoma of the testis, and lymphadenoma can therefore hardly be an innocent growth. Fibromata are usually very chronic and may attain large sizes, but they are usually very hard and are rare.

Dermoids of the "testis" are always congenital, and are noticed early in life. They do not arise in the testicle, but from between it and the epididymis.

II. *Malignant Disease.*

Sarcoma, round-celled (or spindle-celled; mixed or Mycloid).

Carcinoma (*a*) medullary (or (*b*) scirrhus).

Cystic disease { Fibro cystic = adeno-fibroma. / Sarcomato-cystic = adeno-sarcoma, or any variety from adeno-fibroma to adeno-fibro-, myxo-, chondro-sarcoma, etc.

That the tumour was malignant seemed certain from—

1. The recent very rapid growth.
2. The recent formation of soft prominences.
3. The increasing pain, almost constant and severe.
4. The immense size of the mass.
5. And especially the existence of a tumour in the position of the left lumbar glands, indicating probably secondary infection of these glands.

Against malignancy was—

1. The long history of the case, the tumour having lasted 17 years; this does not agree with our ideas of malignancy. *Therefore we conclude that the tumour could not have been malignant from the first.*

Hæmatocele—the most difficult condition to diagnose from *this case has been excluded.*

Carcinoma and Sarcoma.—The age would favour scirrhus, the man being 72.

Scirrhus carcinoma is almost unknown, and gives rise to small very hard growths of the testicle.

Pure sarcomata and carcinomata run an acute course, totally unlike anything but the end of the course of this tumour, and would, therefore, fail to explain the *whole* disease; but the clinical history of late, and the characters of the tumour at present, would agree well with either medullary cancer or round-celled sarcoma.

1. The rapid growth agrees well with either sarcoma or carcinoma.
2. The soft recent prominences indicate rapid growth and breaking down in places. This is often seen in both sarcoma and carcinoma.
3. The pain, size, shape, secondary deposits (?) are all consistent with these very malignant tumours.

The following points may be urged in favour of or against (1) carcinoma and (2) sarcoma in diagnosing the one from the other in this case.

These diseases are often clinically indistinguishable.

Sarcoma:—

1. The (apparent) non-involvement of the cord favoured sarcoma, as it is commoner to find the cord healthy in sarcoma than in carcinoma, especially late, as in this case.
2. *The age* would favour sarcoma slightly, as carcinoma of a medullary nature is very rare in the testis after sixty. Sarcoma is also rare after sixty, but may occur at any age. Carcinoma is *common only in middle life.*
3. It is doubtful which is the commonest disease of the two, but the opinion, founded on more accurate microscopical work, is now in favour of the predominence of sarcoma.

Carcinoma:—

1. The absence of involvement of the two testes late in the disease is in favour of carcinoma because sarcoma not unfrequently affects both testes, whereas this is very rare in carcinoma. This does not count for much, however, because, taking all cases of sarcoma testis, it is not a common thing to have both testes diseased.
2. The absence of secondary multiple subcutaneous new growths thus late in the disease is against sarcoma and therefore in favour of carcinoma.

The healthiness of the scrotum thus late is against carcinoma and in favour of sarcoma, carcinoma affecting the scrotum as a rule earlier and more frequently.

From the signs and symptoms as they appear at present we would diagnose sarcoma and not carcinoma, as the evidence is on the whole in favour of sarcoma. As mentioned before, however, sarcoma (pure) alone fails to explain the chronic tumour. We have excluded hydrocele and hæmatocele, so that sarcoma testis plus old hæmatocele or hydrocele can scarcely be diagnosed, although this is quite a possibility. The result of the tapping militates against the former existence of hydrocele or hæmatocele, however.

What we have, then, is a chronic new growth, which lately has assumed malignant characters (probably from a fresh infection).

(*C*). *Cystic disease of the testicle.*

(*a*). Fibro-cystic = fibro-adenoma testis.

(*b*). Sarcomato cystic = adeno-sarcoma testis.

Some cases of fibro-cystic disease run an entirely innocent course of a very chronic nature, but a good number ultimately behave malignantly. For this reason, and for convenience, I include this variety of cystic disease in the class of malignant tumours. All grades exist from purely innocent fibro-cystic disease to the most malignant cystic sarcomata, and the structure varies tremendously. All kinds of connective tissue may be included in the growths, especially cartilage and myxomatous tissue.

In favour of fibro-cystic disease are:—

1. The chronic course, seventeen years' more or less gradual continuous growth occurring all the time.
2. The good general health.
3. The existence of soft areas and spots on the tumour might indicate the cysts of a cystic fibroma.

Against fibro-cystic disease *by itself* are the points given in favour of present malignancy, as well as the opacity of the prominences. These points are:—

1. Recent rapid enlargement.
2. Recent softening protrusions.
3. Secondary enlarged glands.
4. Severe, almost constant, pain.
5. Large size, etc.

Our diagnosis is then:—

Primary adeno-fibroma of testis and secondary sarcomatous disease of the stroma of the primary tumour.

Diagnosis of the Abdominal Tumour.

The tumour was evidently intra-abdominal, as the wall moved over it. The variability of the note over it proved it to be retroperitoneal; the intestines sometimes getting in front of the tumour at times gave a tympanitic note. What might it be?

(*a*) Secondary malignant disease in the lumbar glands.

(*b*) Kidney tumour of any kind.

(*c*) Intestinal (colic) tumour or impacted fæces.

(*d*) Sarcoma of spine.

(*e*) Splenic enlargement, etc.

It was not a spleen because it was fairly fixed, and the hand could be passed above its upper end, which was some distance below the costal margin. A resonant area was present between the tumour and the splenic dulness, which was in its proper place. It was not likely to be spinal because such a large growth of the spinal column would be likely to cause some spinal symptoms, such as paraplegia, etc., or at least to cause some tenderness of the spines and fixity of the back. Further, we would have to diagnose a much more rare secondary growth than glandular growth. People with secondary sarcoma of bone usually look very ill, and very soon die of an acute toxæmia of some sort, often with pyrexia, etc., and later with coma.

Constipation pointed to the possibility of fæcal impaction; examination of the rectum showed the latter to be empty; further, the lump persisted after the bowels were well opened.

There was no evidence of growth of the colon, the constipation having troubled patient all his life, there was no history of diarrhœa or of the passage of slime. The growth is much too large for an ordinary colic growth unassociated with secondary glands. It would be a rare event for a single secondary sarcoma to have the colon as its seat. It would be risky to diagnose two separate primary growths in the same patient, one a sarcoma and the other a carcinoma. Two independent primary sarcomata in the same patient would be curiosities, especially when one is in the testicle and the other in the large intestine.

For similar reasons one would not be hasty to diagnose growth of the kidney; secondary growths of the kidneys never attain this size. Innocent growths of the kidney are very rare. So the diagnosis of growth of the kidney would again imply the presence or two primary malignant growths.

No renal symptoms or signs have occurred; patients are rarely free from all such signs in sarcoma or carcinoma of the kidney although they certainly are sometimes remarkably free from bleeding, pain etc., until the tumour is of large size. This is of large size. The colon is not constantly in front of the tumour, if at all.

The tumour is clearly glandular, because it is the proper place for secondary growth from the *left* testicle, it is fairly fixed behind the peritoneum, and causes pain owing to pressure on the lumbar nerves.

Treatment.

The only treatment which could relieve the patient was excision; by this means the patient would get rid of a growth which would go on enlarging and probably fungate through the skin, etc., giving rise to much misery. The mechanical inconvenience would also be removed.

But the question for decision was whether it was wise, with evidence of secondary gland infection, to do any radical treatment. Mr. Jacobson decided in favour of operation in order to relieve the patient's present distress and future misery arising from a sloughing growth, etc.; by this means the patient would have a chance of comparative comfort in the part remaining to him of life, which might also be prolonged a little. The patient was very anxious to have something done. The patient, although old, was hale and hearty and a good subject for an operation.

Result.—The result has been satisfactory, as the wound healed well, and left the patient free from the inconvenience and pain of a large tumour. The patient is now living, and probably his life will have been prolonged by the operation.

Prognosis.

Before the operation, this was very grave from the likelihood of impending sloughing, pain, insomnia sepsis and wasting, the patient would probably not live long with such odds against him.

After the operation the prognosis is also grave because of the enlarged sarcomatous glands in the lumbar region. The round-celled nature of the sarcomatous elements of

the tumour is also a grave omen, round-celled sarcoma being the most malignant of the sarcomata. Patient will probably be dead within a year or so of the operation from intestinal obstruction and vomiting, or from implication of the lungs, spine, or other organs. Œdema of the left or both lower extremities is likely soon from obstruction of the larger veins and cava.

MORBID ANATOMY.

The tumour looks much bigger after removal than it did before. It weighs eight pounds.

Its length = 11 inches.

Ant.-Post. Diam. = 5 inches.

Circumference = 25 inches.

Its anterior surface is partly covered by an elliptical piece of *skin* measuring 13 inches in length and 8 inches in breadth when stretched out. The skin is in a rugose condition, and is very different in appearance from what it was before removal. It is freely movable over the tumour, and nowhere invaded by growth.

The mass is irregularly ovoid, with seven rounded prominences on the otherwise even surface; these are chiefly on the anterior surface and upper and lower extremities, and there is one placed posteriorly. The prominences are fluctuating, and have an average size of about a Tangerine orange.

The posterior surface of the tumour is also fluctuating.

The whole surface is elastic and nowhere so firm as it appeared to be clinically.

The subcutaneous connective tissue is abundant, and contains numerous large vessels.

The cord is lying on the outer or left surface of the tumour some distance below the upper extremity; as a whole, the cord is thickened and contains numerous blood-vessels.

The spermatic artery is very large and thickened, almost pipe-like in consistence, and sticking out prominently from the surrounding tissues. It is about the size of the popliteal artery. There is no evidence of growth in the cord. After running downwards a few inches the vessels divide into two leashes, one of which turns backwards and downwards, the other runs downwards and a little forwards to the lower end of the tumour, around which it curls and appears on the inner surface (right) of the swelling. The vessels here divide again into two main portions, one running backwards and a little upwards and to the right, the other upwards and forward and to the left, terminating close to the median raphe of the scrotum on the front of the tumour, near the point where the vas deferens gets lost in the growth.

The vas starting with the vessels of the cord soon deviates to the right and forwards, running an oblique course downwards and forwards on the left surface and front of the tumour, and terminating near the median raphe of the scrotum rather abruptly in the growth. No trace of epididymis can be defined at the termination of the vas. The vessels of the vas accompany it in its otherwise lonely course. The terminal branch of the spermatic artery terminates close to the vas by disappearing in the growth also. The vas is not thickened but is quite healthy.

The capsule of the tumour (probably distended tunica albuginea) is perforated in two places, some soft red young new growth appearing outside in the connective tissue. Over the fluctuating areas the capsule is manifestly thinned.

A vertical antero-posterior section was made and some clear yellowish fluid escaped from three cavities situated at the lower end of the section. These cysts proved to be remnants of the tunica vaginalis, whose walls had become laminated, thickened and adherent in places so as to form three separate cavities, one large central one and two lateral smaller ones. The walls were very thick and pigmented on the inner surface from old hæmorhage into the cavities.

The visceral layer of the tunica vaginalis is very thick and adherent to the tunica albuginea, which is also thick here and not easily distinguished from the tunica vaginalis. The junction of the growth with the tunica albuginea is, however, indicated by a very sharp line. *No trace of testicular tissue can be seen lying in relation with tunica albuginea near the tunica vaginalis, nor in any other part of the section.* No remnant of the epididymis can be found.

The tunica albuginea includes the whole of the tumour, except for one little red actively-growing protrusion on the anterior surface. The capsule is thin over the protrusions, but is thick and almost calcaneous in places.

For purposes of description the tumour may be roughly divided into two halves, an upper and a lower.

The lower half is of a pale yellowish brown colour, and is very friable in consistence, almost pulpy. Small recent and some larger old hæmorrhagic areas are seen here and there. At first, this part seemed to be made up of almost uniform granular debris, but on looking more carefully the following structures were seen:—

1. A fibrous stroma, arranged in an alveolar manner, forming from six to eight large alveoli, about the size of a penny each, and many smaller ones. The alveolar walls are firm and have a translucent appearance in places. The walls are about one-eighth of an inch thick in most parts.
2. Alveolar contents, consisting either of a pulpy fawn-coloured debris, or of foliaceous intracystic soft growth undergoing caseous fatty degeneration. Slit-like apertures can be seen on separation of individual processes.

Just above the tunica vaginalis is a large mass of a gelatinous-looking tissue, soft and quivering and having a peculiar greenish tinge. In this mass there is a central dark, hæmorrhagic portion, about the size of a two-shilling piece. There is no cartilaginous or bony tissue anywhere.

The upper half is separated from the lower by a transverse fibroid septum. It presents two large softened foci and several smaller ones. The largest one is about

the size of a duck's egg, and is situated at the upper pole of the tumour; the other, a little smaller, lies under a thinned anterior portion of the tunica albuginea. The contents of these cavities are made up of a material resembling pulped brain, with some blood intermixed. The walls are soft and irregular and indefinite. Numerous smaller softening areas and hæmorrhagic spots are seen. The upper half is softer and redder than the lower half, and shows no cysts or anything suggestive of intracystic growths. There is here, also, a fibroid stroma, translucent and soft in places and calcareous in others, grating under the knife. The stroma was very scanty throughout the tumour; another septum existed within about two-and-a-half inches of the upper pole.

The most remarkable thing about the tumour was that necrosis had progressed almost as fast as the growth, leaving only a small amount of actively growing pink growth under the tunica albuginea, especially at the upper end of the tumour; but even in these pink portions there are small softening foci. It was thought from the naked-eye appearance, etc., that the growth was primarily an "adenoma of the testis" (fibro-cystic disease), and that sarcoma had lately developed. The lower half or so might well be innocent (adenoma), but the upper part was certainly malignant.

Morbid histology.—A section was taken from the growing margin near the upper end of the tumour. This shows the structure of a round-celled sarcoma with scanty stroma; no alveolation. *There are no acini or other structures.* The cells are about the size of those of the testis. No testicular gland tissue can be seen in the section, which includes the tunica albuginea. The tumour is very vascular, and there are numerous small hæmorrhages to be seen.

The cells are almost entirely of the spherical variety, they possess large round nuclei. The intercellular stroma is scanty and fibrillar, and largely composed of capillary blood-vessels; it passes between the individual cells. Between areas of the cells and intercellular stroma, septa of wavy young cellular fibrous tissue run and carry the larger blood-vessels. The cells in these septa are spindle shaped.

The tunica albuginea is thick and formed of well-developed fibrous tissue, showing but a few nuclei. Under the tunica albuginea is a layer of young connective tissue showing the growing margin of the growth, the cells of which are here smaller and round, and the intercellular stroma is almost absent.

Clearly this section included none of the adenomatous part of the growth.

A section of the lower half, however, showed an ordinary adeno-fibroma with cellular stroma. Judging from the section, the growth is of a very malignant type, round-celled sarcoma of the testis, as of other parts, being the most malignant of the sarcomata.

There was no evidence to show where the growth arose, either from naked-eye examination or microscopic examination.

The probabilities are that the adenoma arose in the testis, near the mediastinum, and it may have arisen from the testicular tubes or from remnants of the Wolffian body. The organ of Giraldes is unlikely as the seat of origin, as it is outside the testicle, and the testicular tubes are not likely to have given rise to the cystic disease by dilatation, as no one has observed intermediate stages of dilatation in these cases.

The injury may probably be looked upon as part of the cause of the growth of the fibro-cystic tumour, acting perhaps as a cause of irritation of a certain portion of the testis in the region of the mediastinum.

The injury may also have acted by lowering the vitality of a part of the testicle, thus making the latter a suitable soil for the contagium of the growth to flourish upon. The cause of the sarcomatous disease must be quite different, but the existence of the adenoma would predispose to the occurrence of sarcoma, as is certain from clinical evidence. This action may be the paving of the way by one germ for another, as (we know) not uncommonly happens in gonorrhœal epididymitis and secondary tubercle of the same organ. These views, however, have only theoretical evidence in their favour.

It is curious that no cartilage was found in any part of the tumour, as it is very common to find some in cystic fibroma of the testis.

Nursing News.

(Contributed by the Matron.)

Nurse C. Fraser left the Hospital on October 27th, at the end of three years' training. She had been acting as ward nurse in Cornelius ward, and her place will shortly be filled by Nurse A. Davidson, who returned a few months ago from nursing the wounded in Greece.

We are glad to be able to report that Sister Mary has quite recovered from the slight attack of diphtheria from which she has been suffering. She is at present away in the country, but will be able to return to her ward next Monday.

We feel thankful to be able to say that Probationer Alexander is so far progressing as well as could be expected, after the very severe accident she met with last Monday.

From the Gazette's Special Pathologist.

R. D. E., Llandilo.—No tubercle bacilli can be found in this specimen of sputum.

A. E. L., Folkestone.—No tubercle bacilli could be found in the sputum, nor could any evidence of sarcoma cells be found. There are many diplococci having the appearances of the pneumococcus.

C. C. B., Tavistock.—The tumour is a dense fibroma, the surface of which is ulcerated and covered with a thick layer of granulation tissue. There is no indication of malignant disease. PATHOLOGIST.

Passim.

Now that a month of football has elapsed and the teams are beginning to settle down, we can begin to form a decided opinion as to what sort of cup team we are likely, barring accidents, to turn out. Our strong point it seems, is to be forward, but if only we can discover a couple of good, sound, consistent centre three-quarters the side ought really to be as good a one as has ever before represented the Hospital. Here, then, is a glorious opportunity for anyone with aspirations to that important, difficult, but at the same time perhaps the most enjoyable post on the football field. At present there is plenty of time before the season of cup-ties begins for a man to develope himself into quite a useful centre, and we are convinced that for this all that is needed is a careful study of the duties and responsibilities of the position, a little teaching from a capable coach, and plenty of real training—not just pottering about—at Honor Oak. We would advocate the appointment of a certain day each week, on which all the men who possibly can, are to go down to the ground and have a run. The knowledge of the others' capabilities and methods would, we feel sure, give each man far greater confidence, and improve the combination of the whole team to an amazing extent. What does the captain think?

The third fifteen this year is showing an extraordinary amount of life and vigour. Only last Saturday, they returned home with a forty-five point to nil victory to their credit, and we believe has not yet tasted defeat. We should very much like to publish a revised edition of their fixture card, if the captain would let us have it. It is obviously impossible, too, for us to send representatives to all the matches in which the various teams of the Hospital engage, and we are therefore dependent entirely on the captains and secretaries to send in the accounts of their games for publication as soon as possible after the date of the match. The Editor's box in the colonnade never refuses to receive contributions.

There seems to be rather a tendency nowadays to keep up the strength of the third team, to the weakening of the second. This hardly seems to us logical. Surely it is better for the Hospital that the second should be the best team possible, after the first is satisfied. We have heard it argued that if the captain of the second team begins taking men from the third, the latter will soon drop out of existence. But the remedy for this seems to be that the second captain should, if he finds himself obliged to appropriate third fifteen men, do all in his power to fill up the blank he has caused, by at once personally informing the captain of the third, and by helping him to hunt up someone to occupy the vacant place, not to just alter the names on the board and nothing more. The chances of the third having to play short would then be much lessened.

While on the subject of football, is it not about time that the honor caps were abolished. They have always seemed to us, apart from their natural ugliness, to be valueless and unvalued. Why not have, instead, a cap established that any man who has played a certain number of times in the first team, say in four matches, is entitled to wear. This would then be quite distinct from the "Blue," and would serve as compensation to those men who perhaps play all through the season with the first team, and lose their position in the cup team only owing to some piece of bad luck. A similar sort of arrangement, with a different cap, could be carried out with the second fifteen and perhaps the third as well.

The present jersey, too, is very unsatisfactory. Many have expressed their opinion lately and with it we entirely agree, that an arrangement of the Guy's colours in broad stripes would be much more serviceable, and look far nicer on the field. Moreover, it is even alleged that men look decidedly bigger, if not fiercer, in a broad-striped jersey, and possibly this would inspire with dismay the hearts of any chicken-hearted opponents whom the team might come across. But joking apart, we really think the question of changing, would be worth while seriously considering.

Another suggestion for the improvement of the working of the front and back surgery was made to us the other day. This was to omit the ruling of a portion of the red and blue cards with spaces for attendances (which are never by any chance filled up), and to utilise the space instead for a rough note by the dresser, of the kind of treatment adopted for the patient, with the date of any change in the same, to serve as a guide to subsequent dressers of the same case. This need not entail much extra writing for the

dresser, who would soon learn to use intelligible abbreviations, and we think the arrangement would be found very useful in the case of fractures, chronic ulcers, etc., where a change of treatment, when one has proved ineffective, is sometimes all that is wanted to improve the case. At present, the usual thing is to repeat the old treatment as quickly as possible and bundle the patient off. Talking of these cards, could not the quality of the red card be made equal to that of the blue, which is infinitely smoother and nicer to write upon.

ONCE more we plead for someone to offer himself as a reporter of clinical lectures. We find it impossible to do the work ourselves, and it is beyond the means at the disposal of the GAZETTE to regularly employ outside labour for this purpose. And so to avoid losing for ever these valuable lectures, we appeal to anyone who considers himself capable of taking down shorthand or good longhand notes, to help us in our difficulty; and he shall not go unrewarded.

WE publish to-day some further remarks by Surgeon-Captain Birdwood on his experience of the Indian Medical Service as a field of work for Guy's men after qualification. No doubt Dr. Burton-Brown will have something further to say on the subject, and we shall be pleased to insert any criticism that he may care to send us. For we feel that in this "overcrowded profession," as everyone calls it, it is very important to get a clear idea of the relative advantages to the various paths, on which our feet, and those of our fellow students may subsequently have to tread. At the same time, we acknowledge that we are very ignorant of the subject, and consequently do not feel justisfied in giving decided opinions one way or the other, and so leave our readers to use their own judgment in forming their conclusions and resolves.

CAPTAIN BIRDWOOD is himself at the present time in the Kurram Valley, on the borderland of the Afridi country, and at one time during the last month his little fort was in considerable danger of deing attacked, but the arrival of reinforcements saved them just in time. In a letter received from him, dated October 10th, he promises that the GAZETTE shall have an account of any experiences he may have, if he is sent to the front.

ANOTHER interesting communication received this week from foreign parts, is that from Harry Spon, who is at the present time among the Kwebe hills, on the borders of Lake N'gami, north of Bechuanaland, South Africa. He writes to tell us that notwithstanding a busy life out there among the blacks, he had found time to write out for the GAZETTE, notes of some interesting cases he has come across, and has despatched them home. Needless to say, we shall publish them as soon as they arrive.

THE latest issue of the *Guyoscope* is really an excellent production. The drawings by Gerald Sichel and Stanley Cock are even more successful than those that have preceded, and the reading matter, especially the Christmas Pantomime, is tip top, though probably the best hits will not be appreciated by any outside, or by several even inside the Hospital.

WE are now getting to work on the Guy's Christmas Card which proved such a conspicuous success last year. It is intended that it shall be on sale in time to be despatched by the Christmas mails to Africa, Australia, etc., if needs be. We hope that it will receive the support of all Guy's folk, as unless this is heartily accorded, it will prove to the GAZETTE a source of loss instead of a gain.

THE following is from *The Times* of Thursday last:—Major-General Yeatman Biggs, R.A., has brought specially to the notice of the military authorities in India the distinguished gallantry of several of the medical officers in the action on the Ublan Pass on August 27th. One in particular, Surgeon-Captain W. G. Beyts, is singled out for mention on account of his heroic conduct. After attending the wounded under a heavy fire, regardless of all consequences to himself, Surgeon-Captain Beyts carried the body of Lieutenant North, who had been wounded, on his back down a hill track too steep for a dhoolie, and thus saved the life of the young officer, who had become faint and powerless from loss of blood.

WILLIAM GEORGE BEYTS entered Guy's in October, 1882, and left qualified in 1890, after passing third on the examination list for the Army Medical Service. After such gallant conduct as is recorded above, we fully expect to see his name added to the noble list of those who have earned that insignificant little bronze cross, on which is inscribed the legend "For Valour."

THE British Medical Temperance Association are holding a "Breakfast Meeting" for Medical Students, at Cannon Street Hotel, on Thursday, Nov. 18th, at 8 a.m. Dr. Sims Woodhead will preside, and, Dr. Barlow and Prof. Victor Horsley, both of the University College Hospital, will deliver short addresses. Any student who desires to be present, will receive a card of admission on sending a post-card giving name, address, and medical school, to Dr. Ridge, Enfield, on or before Saturday, Nov. 13th.

AN old Guy's man writes as follows *re* the Cardiff match:—"I went to see the game on Saturday and enjoyed it; now and then the play, was a bit scrambling, as our men repeatedly spoilt the Cardiff machine-like passing, and there's no doubt about it, our forwards were far better than theirs, both in the scrum and in the loose. Where we suffered was at half-back, where Bateman did not combine at all with his fellow half. The three-quarter backs and the full-back were all-right. They ought to win against Penarth on Monday." [And they did.—Ed].

SELWYN BIGGS, the Cardiff captain, was obliged, owing to slight injury to his knee, to leave the field towards the end of the game. Apropos of this the following conversation was afterwards overheard at the Queen's Hotel.

Billiard Marker.—"It's hard lines on Cardiff having such a good man laid up so early in the season."

Visitor.—"Why, what's the matter? Who's been injured?"

B. M.—"Don't you know, they say that Selwyn Biggs won't be able to play again this season, for he has got a *catalogue* on his knee."

WE have been asked to announce that our President, H.R.H. the Prince of Wales, K.G., has been graciously pleased to accept the print of the Council of the Royal College of Surgeons of England, which has been brought out as a Jubilee memento of the advance of Surgery during the reign of our beloved Queen.

IT may be useful for readers of the GAZETTE to know that the Sixth Report and Final Report, with several appendices, of the Royal Commission on Vaccination (presented by Mr. F. E. Fremantle) are now available in the Library.

THE opening meeting of the Debating Society will be held in the Club Smoking Room on Saturday, November 20th, at 8 p.m. We hear that the Treasurer has promised to be present, and that two other speakers, William Allen, Esq., M.P., and David Howard, Esq., J.P., F.C.S., are also expected. As this is the first occasion on which the Treasurer has attended a meeting of the Society, we would urge all Guy's men to make a point of coming in order to give him a warm welcome. The subject which has been chosen for the debate is the labour question.

Lectures.

"WHAT'S the good of anything?" sang pessimistic Chevalier, and we echo, What's the good of lectures? Surely the time has come when these relics of the barbarous age when Grattan was unknown, and the student's sole means of acquiring knowledge lay in a regular and careful attendance of lectures, should be swept away, or at least reduced to a condition of mere archæologic interest. When the matter is viewed squarely in the face, the utter futility of attempting to teach so exact a subject as anatomy by the bare narration of facts to a class containing men in all stages of knowledge or ignorance, strikes home with irresistible force. To begin with, very few men completely grasp any bit of knowledge at the first acquaintance. It is only after a species of mental disintegration and re-elaboration that the fact is woven into the memorial texture. Now, supposing that the lecturer—a merely gratuitous supposition, of course—reiterates sufficiently often to impress all his discourse on his auditors, at least half must be common knowledge for the average second year's man, and, therefore, at least half the time lost to him. Under the existing circumstances, however, the whole hour, alike to lecturer and to auditors, is wasted, and all leave the lecture theatre with mixed feelings of relief and of the certainty that they are one hour nearer to lunch.

It must, of course, be admitted that in the case of certain sciences, such as physiology, chemistry, etc., where new ground is continually being broken, the lecturer is in a position to supplement the text-books, or practically illustrate matters incapable of investigation individually by the whole class. But it is questionable whether this undoubted advantage is sufficient recompense for the undoubted disadvantages of the rest. Anatomy and the like can claim no such excuse; beyond a little judicious juggling for the purpose of "editions," anatomy is in much the same state as it was ten years ago, and, let us hope, as it will be ten years hence.

The sole argument, educationally, of course, which has been adduced in favour of these lectures is, that in many cases they fill up hours which might otherwise be "wasted," or that they beneficially open a day of hard

work. But surely no self-respecting man would dream of reading at the Hospital before nine—always excepting the early-rising fellowship men—and if a man turns up at, say, ten minutes to ten, he feels that he has lost a potential hour of study, and accordingly bucks up for the next hour at least. Should he, however, have attended early lecture, he looks upon himself with a certain amount of satisfaction, and recruits for the next spell of hard work by an hour with the *Sportsman*. The other odd-hour class of lectures merely result in prolonged hunger or violent indigestion.

The best explanation of the existence of lectures is to be found in the definition of the word. Dr. Findlater defines a lecture as "a discourse on any subject, or a formal reproof." There you have it in a nutshell. These lectures are merely subtle formal reproofs. They rank in the medical student's life with the self-chastisements of the Flagellants. They are mortifications of the flesh, aimed at the general subduing and tail-twisting of the student. He may pass his tests, he may give complete satisfaction here, there, everywhere, but that black book in the medical office shows that his lectures are insufficient, and "I don't think we can sign you up." Alas, for the formal reproofs.

Betts' Testimonial.

The following names and subscriptiont have been sent in to the GAZETTE Office:—

	£	s.	d.
P. J. Pye-Smith, Esq., F.R.C.S.	1	1	0
F. W. Pavy, Esq., M.D.	1	1	0
R. Clement Lucas, F.R.C.S.	1	1	0
Dr. H. O. F. Butcher	1	0	0
Tom Bird, Esq.	1	0	0
J. C. Uhthoff, Esq., M.D.	0	2	6
A. R. F. Evershed, Esq.	0	2	6
A. D Fripp, Esq., M.S.	0	2	6
F. G. Larkin, Esq.	0	10	6
F. J. S. Smith, Esq., M.D.	0	2	6
C. R. Hodgson, Esq.	0	2	6
J. Milward, Esq., M.D.	0	2	6
Dr. G. Steele Perkins	0	10	6
Dr. Chas. D. Muspratt...	0	5	0
B. Rix, Esq.	0	5	0
Dr. George Roper	0	10	0
T. L. Jackson, Esq.	0	10	6
E. Jansen	0	2	6
L. Stamm	0	2	6
J. A. Wood	0	2	6
B. Churchill	0	2	6
C. Davies-Colley	0	2	6
E. J. F. Hardenberg	0	2	6
F. D. S. Jackson	0	2	6
A. Densham	0	2	6
C. B. Sells	0	2	6
G. Evans	0	2	6
P. W. L. Camps	0	2	6
E. A. Miller	0	2	6
S. Hodgson	0	2	6
E. W. Goble	0	2	6
F. M. V. Smith	0	2	6
A. Pearson	0	2	6
J. A. Butler	0	2	6
F. E. Welchman	0	2	6
F. G. Cross	0	2	6

In the Out-Patients' Department.

CASES UNDER DR. SHAW.

October 22nd.

W. M., a bookbinder, æt. 18, came up for swelling and a rash upon both legs. There was a history of chorea when fourteen years of age, and also of slight "rheumatic" pains in the joints a year or two later. A week ago his ankles became swollen and painful, and at the same time a few purplish spots appeared on the arms and thighs which quickly faded. He has also had some slight epistaxis. Last night a purple rash appeared upon both legs. He has had to give up his work because his legs ached from standing about. There has been some shortness of breath of late.

On examination.—Temperature 98°; pulse 68. There is a petechial eruption upon both legs and lower part of thighs, becoming ecchymotic towards the ankles. Some œdema as well. There is a blowing systolic murmur at the apex. Urine, sp. gr. 1012, acid, no albumen. Right pupil is slightly larger than the left.

Diagnosis, purpura; mitral regurgitation of rheumatic origin. The term "purpura rheumatica" was hardly applicable, as the case was not one of acute rheumatism.

October 29th.

J. W., æt. 14, an apprentice in the S.W.R. Co.'s works, came up for pain in the side of the chest and cough. He had not been feeling very well for the last three months, having had a cough with some headache and sickness. On the 26th, he felt much worse and had to leave his work. Pain was worse on deep respiration.

On examination.—Temperature 101·2°; pulse 140; respiration 24. The right chest moves badly. There is dulness in front, below the third rib and behind, below the spine of the scapula. T.v.f. is absent. No skodaic resonance. At the right base the breath-sounds are of a puffing tubular character; at the angle of the scapula there is well-marked ægophony, and all over the dull area there is loud pectoriloquy. The cardiac impulse is displaced one inch outside the nipple line, and the first sound is slightly thickened at the apex.

Diagnosis.—Pleurisy with effusion. Pectoriloquy is certainly not commonly heard over fluid effusions, but with regard to the diagnostic value of Bacelli's sign, in which the whispered articulate sounds are only transmitted through a serious, not a purulent effusion, it is by no means an established clinical fact.

October 15th.

The patient, a well-developed but delicate looking girl, æt. 3, was brought up for shortness of breath and pain in the chest. No history of tubercle in the family. Three months ago she had an attack of pleurisy, and a month ago suffered from bronchitis, and was said to have had "inflammation of the lungs." Ever since she has had a cough, which has at times been severe enough to produce retching. From the mother's account, the breathing seems to have been stridulous in character at night. The

child's appetite is very poor, she has lost a good deal of flesh, and always seems tired and drowsy.

On examination. — Temperature 99.8°. Pulse 122. Respiration 46.

Respiratory system.—There is a slight fulness over the second and third right intercostal spaces. Some deficiency of movement at this spot, t.v.f. absent. There is a well-defined area of dulness, about two inches in diameter, the centre of which is situated an inch above and internal to the right nipple; it does not extend upwards to the apex of the lung, nor does it approach the median line in front. Breath and voice-sounds are absent, but a well marked systolic bruit is audible over the area, which is not decreased by elevation or depression of the chin. Expiration is somewhat prolonged behind at the right apex.

Heart sounds are normal. The possible diagnoses which were discussed were:—

1. A caseating mediastinal gland, adherent to the aortic arch or to some great vessel, causing the systolic bruit, and probably pressing on a bronchus, giving rise to the dyspnœa and stridor.
2. An aortic aneurysm, dismissed at once on account of the patient's age and the absence of pulsation.
3. An encysted pleuritic effusion, following upon the old pleurisy.
4. A localized empyema in the upper lobe of the right lung. This appeared to be the most probable, on account of the signs of fluid, the slight pyrexia, and the history and general condition of the patient.

G. N. M.

Case for Commentary.

HILDA B., æt. 5 years, admitted November 1st for abdominal pain, vomiting, and constipation. Both the family and previous medical history are unimportant. The child had been quite well till the morning of October 28th, when she had an attack of vomiting and her bowels were open once. The vomiting continued till the next morning at intervals of about half an hour, when it ceased till the evening of the 31st, and then continued till early next morning. At first the vomit was yellow, but since the 31st it has been green. Oil enemata and the passage of a long tube failed to relieve the constipation, though she had passed a little flatus. On the morning of the 30th she complained of acute pain in the abdomen, since then she has only had bearing down pains, accompanying a desire to defæcate. On the evening of the 31st a doctor administered an anæsthetic, and says he felt something in the rectum encircling the bowel. Next day she was brought up to the hospital but had no vomiting during the journey.

On admission.—Temperature 101°; pulse 120, small, regular, and moderately hard. Respirations 28, chiefly thoracic. She is a healthy looking child, of a good colour, but her eyes are rather sunken, though she has not the typical abdominal facies. She lies on her back, sometimes with her legs drawn up, and at other times with them extended. Tongue is covered with a thick brown fur; lips clean.

Abdomen is a little full, moves slightly on respiration, somewhat tender all over, but not extensively so, the more tender spot being below and a little to the left of the umbilicus. No peristalsis to be seen. The recti are a little contracted; there is no dulness or tumour to be made out.

Heart and lungs normal. Nothing could be detected per rectum. Liver dulness normal. She passed some urine shortly after admission and complained of pain when doing so. The urine was acid, specific gravity 1022, contains a trace of albumen, no blood, and slightly reduces Fehling's solution.

An enema was given, but was returned without having produced any effect. Later an enema of olive oil and castor oil was given with no result. About twelve hours after admission her temperature was 101·4°, and pulse 132. The abdomen was much more distended, a little more tender on palpation, but otherwise nothing new could be made out. The child had become delirious and had twice got out of bed. Her general appearance showed that she had become much worse since the afternoon, and it was accordingly decided to explore. The bowels had not been opened, and she had had some vomiting since admission, but its character was not fæcal.

(For solution, see last page).

A Case of Hemiplegia.

H. J. S., æt. 59, was admitted into Philip under Dr. Pitt on 7th September, 1897, for loss of power in left arm and leg.

Family history.—Patient's father, a soldier in India, was drowned. His mother died at 60. Four brothers and one sister died young in India. Patient is married and has four children alive and well; his wife has had no miscarriages.

Personal history.—He was born in Southern India. He came to England when eight years old and was apprenticed as a sailor. He went to the Baltic and Black Seas. He was then a stevedore, and later shipping clerk to a firm of wine merchants. He has been in the habit of getting drunk occasionally.

Previous illnesses.—Six years ago patient was in St. Bartholomew's with "diabetes." His wife says that no sugar was found in the urine. He has had a craving for fluid ever since, and has passed a large quantity of urine. He gives a confused history of syphilis. For years he has suffered from a severe winter cough.

Present illness.—For the past two months he has suffered from shooting pains in the left side and both legs. On 5th September it was noticed that his mouth was drawn to the right side. On 6th September on getting out of bed in the morning he fell down upon the floor. When his wife picked him up she found that he had lost the use of his left leg and left arm. His mind

was confused, and when put back to bed he kept trying to get up, and was constantly throwing off the bed clothes. Fæces and urine were passed under him. His club doctor saw him and advised that he should be taken to a hospital.

Nervous system.—Motor.—Patient can look upwards, can frown, can close the eyes tightly. On showing the teeth, the left side of the mouth is not lifted so well as the right. The tongue is protruded in the middle line. He can eat. The fold from the nose to the left angle of the mouth is partially obliterated. The eyes move normally. There is no ptosis. The pupils react to light and accommodation.

Arms.—Right: This arm is moved freely. There is no wrist jerk. A very slight elbow jerk was obtained. *Left:* There is no wrist or elbow jerk. The arm is slightly moved, and resistance is offered to passive movement. He never uses this hand or arm.

Legs.—Right: There is no loss of power in the leg. Knee-jerk and plantar reflex are present. There is no ankle clonus. *Left:* The leg lies on the outer surface with the toe pointed. The leg is moved slightly, and the great toe is sometimes extended to a right angle with the dorsum of the foot. Knee-jerk and plantar reflex are present. There is no ankle clonus.

The muscles of both arms and legs react to Faradism. Patient's mind is too much confused for any examination to be made of the sensory nervous functions.

There are cicatrices in the supra-pubic region where the ulcers have destroyed the hair. There is scarring in the left groin. There are multiple serpiginous pigmented cicatrices on both legs. There is a cicatrix on the hard palate.

Urine.—S.g. 1016 acid, no sugar or albumen. The chest is emphysematous. In other respects lungs, heart, and alimentary system are normal.

Sept. 8th.—Patient is very restless and tries to get out of bed and throw the clothes off. He answers questions but in a vague wandering way. He has lost control of the bladder, but the bowels have not been open since admission.

9th.—Patient is worse. There is floctitation. He will not speak and is rather comatose. The temperature is subnormal. In spite of enemata the bowels have not been opened.

The causation of the hemiplegia is obscure. On Sept. 5th the left side of the face was noticed to be paralysed, and next morning the left arm and leg. The onset was therefore gradual, without loss of consciousness or epileptiform convulsion apparently. Dr. Pitt discussed the causation, and in the absence of any history of headache, or vomiting, thought that the extensive paralysis was probably due to softening or to hæmorrhage, and the history of the onset favoured the former suggestion, for which the syphilis, of which there was evidence, afforded a sufficient explanation. The patient was also noticed to be extremely anæmic.

10th.—Patient is more comatose to-day. He does not speak and sleeps most of the time. The pupils are contracted. The tongue was protruded and was deflected to the right side. The left arm and leg are now both flaccid.

11th.—Patient is quite comatose this morning. The breathing is stertorous, rapid (42 to the minute), and shallow. The temperature is 101·2°. The pulse 138. Both arms are now completely paralysed. Both lungs are full of large non-consonating râles which quite obscure the heart-sounds. About 2 p.m. the temperature was 102°. Patient died about 7.30 p.m., six days after the occurrence of the first symptoms.

At the autopsy made by Dr. Perry on September 13th, 44 hours after death, a patch of atheroma was found in the right middle cerebral artery. When the brain was removed a large depressed area in the left motor region was noticed, due to the semi-diffluent condition of the white substance beneath. A glioma of a globular shape about 1½ inches across was found in the temporo-sphenoidal lobe of the right hemisphere. It contained a glue-like substance. There was extensive softening of the white matter of the right hemisphere, and a less amount on the left side, but the causation of this was not determined. The aorta was atheromatous. The epiglottis had been extensively destroyed by ulceration. There was scarring of the bronchi. The liver was very hard, was scarred, and showed marks of old capsulitis. The testes were wasted and fibrous, and one of them contained a small gumma.

Note by Dr. Pitt.

The case still remains somewhat obscure, but presents several features of interest.

1. The presence of a tumour in the temporo-sphenoidal region which a week before death had given rise to no symptoms.

2. The causation of the softening involving both cerebral hemispheres.

This was apparently not a mere post-mortem change, as only portions of the white matter were involved and the remaining part was of good consistency, nor was there evidence of great decomposition elsewhere. The facial paralysis which was the first symptom could not have been due to the tumour in the temporo-sphenoidal region, while a slowly extending softening would explain the symptoms. Softening often occurs in the tissue near a cerebral tumour, but in this case there was softening on both sides of the brain. We, therefore, conclude that the softening occurred during life, but the mechanism by which it was produced remains uncertain. The presence of the cerebral tumour and of syphilitic lesions in the body are important factors, but their respective value must remain undetermined.

W. B. H.

ACKNOWLEDGMENTS.—St. Thomas's Hospital Gazette; St. Bartholomew's Hospital Journal; The Corpuscle; The Hospital; The Clinical Journal; The Medical Pioneer; Treatment; St. George's Hospital Gazette; St. Mary's Hospital Gazette; The Middlesex Hospital Journal; Medical Reprints.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

The Christmas Tea.

DEAR SIR,—I have heard that there are several persons who would be willing to help in providing clothes for the children of the poor next Christmas if they only knew what to do. As they read the first account of the scheme in the GAZETTE, I will now try and communicate with them by the same means. The clothes needed now are those suitable for boys between the ages of six and thirteen years. They might consist of ordinary clothes or flannel shirts or comforters, etc. Funds are also urgently needed, and may be sent either to me or to the treasurer (the Matron). If any further information is needed on this subject, it can be readily obtained by communicating with me. Thanking you for inserting this,—I remain, yours faithfully,

Guy's Hospital. T. W. LANDON.

Chapel News.

(CONTRIBUTED BY THE CHAPLAIN.)

The Chaplain will be the preacher on the Sunday mornings of November 7, 14, and 21. His subjects will be: "The meekness, the gentleness, and the holiness of Jesus."

The preachers in the evenings of the same days will be:

Nov. 7.—The Rev. M. Persse Maturin, Battersea.

Nov. 14.—The Rev. Sir Borradaile Savory, Bart., Rector of St. Bartholomew-the-Great.

Nov. 21.—The Rev. A. Boyd-Carpenter, Rector of St. George's, Bloomsbury.

A vacancy is announced for a fully qualified medical man for the inland station of Tai-Au-Foo, under the North China Mission. Candidates must be Churchmen, willing to come for not less than five years, and to pass examinations in the language. A sufficient stipend is guaranteed. Applications must be sent to Canon Scott, Leeds.

Guy's Hospital Glee Club.

A general meeting of the above club was held on Wednesday, November 3rd, at 4.30 p.m., when the officers and committee for the ensuing year were elected as follows:—

President: Dr. Lauriston Shaw
Treasurer: Mr. F. J. Lidderdale
Librarian: Mr. C. A. D. Bryan
Hon. Sec.: Mr. H. J. Starling
Mr. E. Ivens Spriggs
Mr. H. McD. Parrott
} On the Committee.

The rules of the club, which had been drawn up by the temporary committee, were then submitted to and approved by the meeting.

The following arrangements were also made:—

1. That Mr. Henry Taylor be appointed the conductor to the Glee Club.

2. That the practices of the club shall take place every Friday afternoon from 5.30 to 6.30.

3. That the practices should be held in the committee room (adjoining the Governors' Court Room), subject to the consent of the Treasurer.

4. That the first practice should be held on the afternoon of Friday, November 5th, at 5.30.

Attention is drawn to Rule 7, which states "That the subscription be 5s. a year, and that for this sum all music shall be provided for the members without extra charge.

H. J. STARLING, Hon. Sec.

Pass List, October, 1897.

University of Cambridge.

EXAMINATION IN SANITARY SCIENCE.—A. T. MacConkey.

Second Conjoint Examination.

H. V. Bagshawe, H. B. Carr, J. C. J. DaSilva, H. A. Higgens, P. D. Hunter, W. Johnson, A. C. Lewis, E. P. Mitchell, K. V. Trubshaw, F. C. Wetherell.

First Conjoint Examination.

PART I. (CHEMISTRY AND PHYSICS.)—S. C. H. Bent, C. M. L. Cowper, G. W. C. Hollist, R. C. Lawry, E. H. Paterson, R. C. Poyser, F. W. Smith, H. W. Wallis,

PART II. (PRACTICAL PHARMACY.)—Edward Evans, A. W. Nourse, G. B. S. Soper.

PART III. (ELEMENTARY BIOLOGY.)—A. J. Beadel, E. H. Paterson.

Notice.

Royal College of Surgeons Eng.

The Final Fellowship examination will commence on Monday, November 22nd.

University of Oxford.

The examination for the degree of Bachelor of Medicine will commence on Friday, December 10th, and last till Saturday, December 18th. Intending candidates must send in their names to the Secretary not later than November 26th next.

University of Cambridge.

The third examination for the degrees of M.B. and B.C. will commence on Tuesday, December 14th, and last till Thursday, December 23rd. Names of intending candidates must be sent in by December 1st.

Sport.

Association Football.

GUY'S v. CHESHUNT.

Played at Cheshunt on October 23rd, and ended in a defeat for Guy's by 6 goals to 1.

For the first twenty minutes Guy's, playing with the wind behind them, and a dazzling sun in their faces, did all the pressing and completely penned up their opponents. They were, however, weak in front of goal, and through erratic and feeble shooting were unable to score. After a time Cheshunt woke up, and after one or two good rushes scored their first goal. Still Guy's had the better of the game, but were quite helpless before goal. From some good combined play Cheshunt again scored, and at half-time the game was 2–0 in their favour. On resuming, the same fault was in evidence with the addition of a feeble defence, consequently when Cheshunt got well away, they were able to score. This occurred four times and Guy's were beaten as above stated.

It is perhaps hardly fair to criticise Thomas' goal-keeping on account of the arduous appointment he is holding, but we certainly hope he may soon recover his old form. The backs in the second half gave a very poor display, being unable to hold up the vigorous rushes made by the opposing forwards, and frequently muddling their kicks. As this is the second season they have played together, it is quite time they acquired some combination, which at present they are without. The halves were also below form. As regards the forwards, lack of combination and inability to shoot were their most prominent failings. The whole team greatly needs more "devil," and it is to be hoped that a change over the present easy going methods may soon take place.

The men really must train if they mean serious business, and not be content to get their practice in the early matches. The team should be a very capable one, and we feel convinced that with more dash and keenness during the actual game, will become a powerful side. Team :—

Guy's.—A. R. Thomas (goal); E. A. Longhurst, W. M. Robson (backs); G. P. Joy, J. MacAlpin, R. W. B. Hall (half-backs); C. Witcomb, L. Humphry, A. Hughes, W. Edmonds, P. S. Mandy (forwards).

GUY'S 2nd XI. v. TOOTING GRAVENEY.

Surrey Junior Cup.

Replayed at Tooting on Saturday, October 23rd, and resulted in the defeat of Guy's by 3 goals to 1.

The play throughout was of the roughest description, fouls being very numerous. Tooting kicked off and would have scored immediately, but for a dispute among their forwards. Guy's then got together, and played well during the first half, Lacey scoring for us after a good run.

In the second half Guy's again held their own well until a corner was conceded, from which a goal was scored, but from this point they collapsed, Tooting scoring twice again, once from a scrum in front of goal, and once from a rush.

Lacey and Hughes did the best work in the forward line, while Nash and Turner played well in the defence. Matthews saved well in goal on several occasions, the light being very bad when the last two goals were scored. Team :—

Guy's.—T. Matthews (goal); F. J. Turner, F. M. V. Smith (backs); L. O. Card, D. G. Greenfield, L. J. Nash (half-backs); P. W. L. Camps, H. K. Lacey, J. R. Ash, L. J. Hughes, P. A. Peall (forwards).

GUY'S 2nd XI. v. ROYAL COLLEGE OF SCIENCE (Reserves.)

Played at Honor Oak on Wednesday, October 27th, and resulted in an easy win for the Hospital by no less than 16 goals to nil. The game was of the poorest description, our men simply making rings round their opponents. Greenfield and Hughes did not score. Team :—

Guy's.—F. M. V. Smith (goal); C. Robson, D. G. Greenfield (backs); L. G. Nash, —. Sheppard, L. O. Card (half-backs); P. W. L. Camps, H. K. Lacey, —. Piggott, L. J. Hughes, P. A. Peall (forwards).

GUY'S 2nd XI. v. EWELL 2nd XI.

Played in beautiful weather at Ewell, and resulted in a good win for the Hospital by 2 goals to 1.

Guy's kicked off downhill, but Ewell pressed immediately and nearly scored owing to a mis-kick by one of our men. Guy's then made several good rushes, and after a good piece of combination, Piggott scored the first goal. A short time afterwards Ewell equalized, Card missing the ball in the mouth of the goal.

On restarting we were pressed for a short time, but the forwards played well together, Hughes making some very good passes, and gave their goal-keeper some work. Just before time Guy's fairly woke up, and Camps finished up a good run by adding the winning goal. Several more good shots were put in, one hitting the post, but nothing else being scored, the game ended as stated above. Team :—

Guy's.—T. Matthews (goal); J. Miles, F. M. V. Smith (backs); L. O. Card, D. G. Greenfield, L. G. Nash (half-backs); —. Piggott, W. Edmonds, J. R. Ash, L. J. Hughes, P. W. L. Camps (forwards).

GUY'S 2nd XI. v. ENFIELD WEDNESDAY.

This match was played at Honor Oak Park on Wednesday, Nov. 3rd, and resulted in a win for the Hospital by 7 goals to 2. Guy's had all the best of the first half and crossed over leading by 4 goals to nil, two of which were scored from good corners by Nash.

Play during the second half was much more equal, Enfield making several good rushes and putting two or three good shots, one of which scored. Shortly after they added another goal from a shot at close quarters, and Guy's having scored three times more, the game finished

as stated. Goals by Humphry 3, Lacey 2, Hughes and Shepherd, one each. Team :—

GUY'S.—T. Miles, D. G. Greenfield (back); H. Tipping, J. Shepherd, L. G. Nash, (half-backs); L. O. Card, L. Humphry, — Piggott, H. K. Lacey, L. J. Hughes (forwards).

Rugby Football.

GUY'S v. OLD LEYSIANS.

The game was started exactly an hour late, owing to the absence of some of the Old Boys. Play at once settled in the Old Leysians' quarters; in fact, during the first half, the ball was never in the Guy's territory. Wetherell made a brilliant run through, but was neatly collared just when he appeared dangerous. After several scrums Sime got over the line, but in trying to better his position was "held up." Shortly afterwards Walker charged down a kick, and following up smartly, picked up the ball and transferred to Wetherell, who scored unopposed; Cutler placed a goal. A second try was registered shortly afterwards by Ayre-Smith as the result of a fine forward rush and good passing. Shortly before half-time Gibson scored from a scrum; one of these tries was converted. Guy's thus crossed over leading by 2 goals and a try to nil.

On restarting the Old Leysians played up better, and on several occasions crossed the half-way line. However, they never looked like scoring, and appeared content in keeping their opponents out. In this they succeeded only too well. Wall was conspicuous in saving on several occasions. During the last ten minutes the Guy's forwards brought off good "wheels," and were unlucky in not scoring. The three-quarters did not have many opportunities, as the passing and heeling were far from good.

Wilks was tried at centre three-quarter, but was too slow in getting to his man, and was not very successful in holding a pass. Pye-Smith was good at times, but should learn to tackle harder, and *lower*, and quicker. The wings had very little to do. It was pleasing to note Walker's reappearance at half after his illness; the first try was the outcome of a splendid piece of work on his part, but his passing was slow. Wetherell made several good dribbles, but we have seen him play better. Ransford was safe at back. The forwards were far too slow in breaking up, and one or two of them seemed to shun hard work, and to try to be conspicuous in the open. We trust that for the future *each* forward will think that his duty is "*shoving*," and that he will do his duty. If this point is neglected, the team cannot hope to be a success. Ayre-Smith and Wall played a very good game. Team :—

GUY'S.—A. C. Ransford (back); F. L. Rae, L. H. Wilks, C. P. Pye-Smith, F. W. Sime (three-quarter-backs); F. C. Wetherell, F. E. Walker (half-backs); A. A. Smith, F. G. Gibson, T. P. Thomas, A. R. Cutler, A. H. Wall, R. C. Lawry, F. R. Eeatherstone, D. H. Traill (forwards).

Referee: C. Clements, Esq., (R.A.)

CARDIFF v. GUY'S AND ST. THOMAS'S.

(From the *South Wales Echo*, Saturday, October 30th).

Played at the Cardiff Arms Park, on Saturday, October 30th, before a big gate. The ground was in capital condition. The teams faced each other as follows :—

HOSPITALS.—A. C. Ransford (back); F. L. Rae, F. W. Sime, A. H. Greg, L. F. Hanbury (three-quarter-backs); F. C. Wetherell, H. R. Bateman (half-backs); A. E. Martin, A. H. Wall, T. P. Thomas, D. H. Traill, F. G. Gibson, F. M. Bingham, F. R. Featherstone, A. A. Smith (forwards).

CARDIFF.—T. J. Thomas (back); J. Driscoll, W. Jones, E. G. Nicholls, H. V. P. Huzzey (three-quarter-backs); J. E. Elliott, S. Biggs (captain) (half-backs); T. Dobson, F. H. Cornish, W. Phillips, G. Abbott, G. Dobson, J. Blake, W. J. Elsey, A. M. Jenkin (forwards).

Referee: Mr. D. H. Bowen, Llanelly.

The Medicos started from the river end at 3.17. Huzzey returned to near the centre. Ransford returned to touch on the Cardiff side of the centre line. The line out saw Nicholls gaining a few feet by punting across the field a run by the home pack took play close to the Hospital lines, where a scrummage took place, Elliott making an effort and looking dangerous when he was hauled down. A punt took play back to near the centre, where after loose play a punt sent the ball wide of Huzzey, who all but got in. Cardiff now hotly invested the Hospital lines and several scrummages took place inside the Londoners' twenty-five line. From one of these Biggs got away and sent wide to Driscoll, who was nearly over when he was rushed into touch. Hard scrummaging followed near the line, Elliott making one determined attempt to get through. At length the ball got clear, Biggs, Elliott, Nicholls, and Huzzey all handling. Now came a fine bit of play by the visitors. A punt took the ball to near the centre, and here Huzzey lost the ball before he could clear, and the Medico pack, getting in a bunch rushed play close to the Cardiff line, where the ball was kicked over the line, the home custodian touching down. The drop-out found play in mid-field, and from here Jones got off, and after a sturdy run sent wide to Huzzey, who rushed over in the corner with an unconverted try fifteen minutes from the start. The restart was followed by play at the visitors' end. A brief incursion to the Cardiff side of the centre was caused by a smart dribble by the visitors. Thomas, however, returned in clinking style, and Cardiff resumed the attack, Huzzey dropping a penalty goal a couple of minutes later. The restart saw the Medicos rushing to the home end. Fine play followed, the home pack, led by Blake, swooping down on Ransford. The visiting back, however, cleared in brilliant style with a high punt, and following up hotly, hauled down Huzzey before he could return. Play was now in the centre, and the visiting pack were holding their own manfully. They started several ugly rushes, one of which was saved in the nick of time by Elliott, who kicked into touch. The open play that followed contained some brilliant bits of play on the part of both custodians. The Hospital pack had now fairly warmed to their work, and they gave the home

players an anxious time, forcing play to the very verge of the home line. They were, however, unable to pierce the home defence. Cardiff were penalised after forcing their way back to the centre. The Medicos essayed at goal, but the ball going across the field Nicholls sent back to the halfway, where Jones and Driscoll put in a pretty run to the Hospital quarter line. Several scrummages took play back to the near centre, where Driscoll got possession and punted cleverly to touch close to the Hospital line. A brilliant corkscrew run by Hanbury brought the Medicos again over the centre, and their three-quarter line getting into operation, a run by Sime and Greg took play well inside the Cardiff quarter-line, the pressure being relieved by a punt to the centre. A run by the home pack was stopped by Hanbury, but Cardiff were no longer to be denied, and play was near the Hospital twenty-five line when Driscoll got off and sent to Jones, who ran to the verge of the line, where he feinted to pass to Elliott, doubled his man, and got in. Half-time was now called. Score :—

	G.	T.	M.
CARDIFF	*1	2	1
HOSPITALS	0	0	1

*Penalty.

On resuming, play kept for a while at the Hospital end, but Rae put in a lofty punt which the home custodian failed to clear before he was hauled down. The Cardiff pack by hard scrummaging got back over the centre and carried play to the Hospital quarter line. The homesters were driven back, however, in consequence of loose play behind the scrum. Again the homesters rushed to the charge, Cornish heading a run to the Hospital twenty-five. Dribbling took play back to the centre, and from here Jones got off and sent to Huzzey, who sprinted over the twenty-five line and then sent in to Nicholls, the play, which was very prettily conceived, completely beating the Hospitals' defence. The attempt at goal failed. The drop-out was returned by Thomas, who followed up hard and hauled his man down ere he could clear. Jones further improved matters by punting to touch inside the visitors' twenty-five line. The home backs here got away but lost ground, and the Hospital men once more attacked. They essayed passing, but Nicholls nipping in got the ball at his toes, and dribbled to the Hospital twenty-five. From near here Dobson got off and sent wide to Driscoll, who was sent into touch. From the line-out a dribble by the Medico pack took play to near the Cardiff twenty-five. At this point a brief stop was necessitated owing to Selwyn Biggs getting knocked out for a few moments. The Cardiff skipper left the field, Driscoll taking his place and Tom Dobson going wing three-quarter. For the next few minutes the Medicos kept the upper hand, and several scrums took place near the home quarter line. A run by Driscoll took play back to the centre, but here the Medicos' three-quarters got off. Sime passed across to Greg, who took his pass in splendid style, and went off at top speed for the Cardiff line. Thomas hauled him down, however, a couple of yards from the line, and only a minor resulted. From the drop-out play went to the centre, but the visitors were soon back and attacking again. Near the centre Cardiff were penalised, and the Medicos made an unsuccessful attempt at goal. A moment later Cardiff conceded a minor. An exchange of kicks a minute later saw Cardiff on the aggressive, Jones scoring a try that Huzzey converted within a minute of time. Full score :—

	G.	T.	M.
CARDIFF	*2	3	1
HOSPITALS	0	0	3

* One penalty.

REMARKS.—Cardiff's form was not of the best, and on all sides was heard the opinion that if they do not display better form next week against the All Whites the idea of an invincible season will soon be exploded. The game at the Cardiff Arms Park to-day was not one of absorbing interest, for while there were now and again periods of open dashing play there were long successions of scrums of a wearying character. The Hospital men are a sturdy lot, with any amount of pluck and go, and in fairness to them it must be said that the score in no degree indicates the relative merits of the teams on the day's play. As a matter of fact the Hospital men had very nearly if not quite as much of the play as the homesters. They several times hotly invested the Cardiff lines, and a little more method in the plan of attack might have made matters very awkward for the home team. In the loose the Hospital pack proved far more effective than the home vanguard, several of the members of which—notably the *Dobsons*—were a long way below their best. Cardiff generally got the better of the scrums, but there was noticeable repeated looseness in the succeeding play, so that the third line, except on a few occasions, did not shine as they should have done. Of the visitors, Greg, Ransford, Rae, and Hanbury were the pick of the rear division, the custodian doing any amount of fine saving work, while in front Gibson, Bingham, and Trail were the best of a good hard-working lot.

PENARTH v. GUY'S AND ST. THOMAS'S.

From the *Western Mail*, Tuesday, November 2nd.

Played at Penarth on Monday, November 1st, in fine, cool weather, but before a small attendance. Guy's and St. Thomas's played exactly the same team which took on Cardiff on Saturday, but there were several changes in the Penarth team. Teams :—

HOSPITALS.—A. C. Ransford (back); F. L. Rae, F. W. Sime, A. H. Greg, L. F. Hanbury (three-quarter-backs); F. C. Wetherell, R. H. Bateman (half-backs); D. H. Trail, F. G. Gibson, T. P. Thomas, F. M. Bingham, A. A. Smith, A. E. Martin, K. Featherstone, A. H. Wall (forwards).

PENARTH.—W. Knight (back); W. Huzzey, W. J. Evans, R. C. Thomas, H. Alexander (captain) (three-quarter-backs); C. Sweet-Escott, V. A. Hickley (half-backs); T. Morris, W. Gibbs, Blake, T. Cochrane, F. Kirby, H. Hutchings, G. Matthews, E. Edwards (forwards).

Referee : Mr. Benson, Cwmcarn.

The Medicos kicked off shortly before 3.30 down the slope, and at once a strong forward game ensued, the

visitors doing rather the more pressing in the first ten minutes. Blake, however, got in a useful dribbling rush right away to the visitors' twenty-five. The sawbones, however, came back with a big combined rush. They packed well, and followed up closely, taking the ball by stages into the Penarth twenty-five. Here, from a tight scrum, which was wheeled by the Londoners, Greg smartly picked up, and getting a good opening, passed to Wetherell, one of the halves, who slipped in with a smart try, which Bingham, however, failed to convert. After the drop-out the visitors again put in a big attack, and it was only by the most keen and resolute tackling that they were kept from scoring. They pressed right up to the line, and a couple of throws out to their three-quarters looked like certain tries. At length a big slice of relief was brought about by Morris breaking away from a loose scrum, and, passing along the touch-line to Hussey and Alexander, who got right up to the Hospitals' twenty-five mark. They were, however, unable to hold on. From the home half W. J. Evans, taking advantage of a careless dribble, picked up and kicked into the Hospitals' twenty-five. The home forwards still were too weak to force the big front contingent opposing them back, and a couple of minors were forced against them in quick succession. The Penarth side was again struggling up the slope in their own half, when T. P. Thomas, one of the Hospitals' forwards, made a mark, and Bingham landed a goal. Penarth was clearly out of it. The Medicos not only were strong forward, but heeled out and showed more back play altogether than the homesters. Half-time was called with the score :—

	G.	T.	M.
HOSPITALS	*1	1	2
PENARTH	0	0	0

*dropped goal.

The second half was opened by Gibbs kicking off and forcing a minor at once. The visitors' temporarily relieved, but Penarth, knowing their ground, kicked down and penned their opponents in the bottom corner for a long time. Wetherell and Gibson at length headed a big relieving rush, and taking the ball along the touch-line, raised the siege, and took play well into the Penarth half, where a couple of determined attacks were made on the home line on Huzzey's side, the Cardiff three-quarter making no great effort to defend. The visitors being penalised, however, Huzzey put in a fine punt and sent the ball rolling into touch at the Hospitals' twenty-five. Again the Medicos proved strong enough forward to rush the game up the field, and from about half-way, Bateman secured from the heels of his forwards and gave up to his third line, who handled very prettily at top speed. Rae, the right wing, who was last to receive, made a great sprint, rounding his men and planting a favourable try, which Bingham, however, failed to convert. Following the drop-out, the visitors were penalised, and Blake, taking the kick, forced a minor. Penarth thereafter made a big bid for a score, the forwards going stronger than they had from the start. Being penalised, however, a punt to touch at the twenty-five flag brought relief, but again the Penarth forwards went smartly at their work, and in a fine dribbling rush the ball was carried over by Edwards and Morris, who grounded it together, with a good try from which Gibbs placed a goal. Following the kick from the centre Escott got away with a good rush and was just throwing to Huzzey when he went in touch, and time was called. Final score :—

	G.	T.	M.
UNITED HOSPITALS	*1	2	3
PENARTH	1	0	2

* From a mark.

GUY'S 2ND XV. v. ST. THOMAS'S 2ND XV.

Played at Honor Oak, on Saturday, October 30th, in rather hot weather, but the turf in excellent condition. Guy's won the toss, and Thomas's kicked off against the sun. From the very commencement, the play on our side was of a very scrambling and scratchy nature, combination being conspicuously absent. However, it must have been half-way through the first half of the game before Pinches for Thomas's getting the ball passed well out to him, dropped a pretty goal at an easy angle. Guy's responded just before half-time with a try by Manson which was unconverted, and this was all the scoring first half. On changing ends Thomas's pressed continuously, and being heavier and combining better forward, gave the backs plenty of opportunities, and on three occasions the weak Guy's defence was broken through, and in each case the kick was successful. Just before time Harris got over for Guy's, who left the field defeated badly by 4 goals (one dropped) to 2 tries.

REMARKS.—The result was most disappointing, for notwithstanding the absence of several of the usual second, the side looked fairly good on paper. It is difficult to name the weak spots in the team, however, for the whole lot played about as badly as they could. The forwards hardly got the ball once in four attempts, and when they did, thought that quite sufficient, and omitted to shove at all. Consequently the halves were placed at a disadvantage in having to get rid of the ball with their opponents all over them, and in most instances failed miserably. When they did have good opportunities they failed to make much use of them, and the three-quarters had to make their own game for themselves, which, with one exception, they were certainly not capable of doing. Jackson was the only one to show up at all well, Hilton's passing was extremely weak, and the wing men never seemed to be in their places, the full-back invariably having two men to tackle, which of course is a hopeless condition of things. Under the circumstances Evans did very well, some of his kicks being quite first rate. Team :—

GUY'S.—G. Evans (back); J. Harris, C. T. Hilton, F. D. S. Jackson and W. H. Wilks (three-quarter-backs); L. J. Hughes and F. E. Walker (half-backs); P. T. Manson, C. F. Watson, M. D. Wood, J. H. Hicks, P. D. Hunter, D. P. Watson, K. V. Trubshaw and R. C. Lawry (forwards). Referee : L. Pern.

GUY'S 3RD XV. v. LENNOX.

Won by 1 goal 2 tries to a try (11 pts.–3). Tries by Barron, Hicks and Brydone. The three-quarters played well, but the forwards did not pack or heel properly.

GUY'S 3RD XV. v. BECKENHAM (A).

Won by 1 try (Brydone) to nil. The forwards played better, but did not heel clearly. The halves and three-quarters combined abominably, and as a rule tackled very slackly.

GUY'S 3RD XV. v. COURT HILL (A).

Won by 6 goals (one dropped), 4 tries to nil. At the start the forwards played brilliantly, getting the ball at once and heeling smartly, and the halves got the ball out well, but passed widely. In the second half, individual play predominated, but throughout, the forwards heeled well, though their attempts at times to wheel resulted in their losing the ball, the back row not bringing it with them. The collaring of the halves and three-quarters, as in the Beckenham match, was disgraceful, no attempt being made to bring down the opposing men. Jupp played well throughout. Tries by Pearce 3, Dowsett 2, Hicks 2, Brydone 1 and the dropped goal. Barrow was missed at centre three-quarter. Willan should play with more dash and cultivate accuracy of passing, a remark which also applies to Scott Dudley.

Association Football.

GUY'S v. EWELL.

Ewell 5, Guy's 1 was the result of this game played at Honor Oak on October 30th. Guy's gave a poor enough display against Cheshunt the week before, but their display on the whole was of a worse description against Ewell.

Ewell scored first, Hughes immediately equalizing for the Hospital. Ewell then added three more goals during the first half, and one during the second. The strange part about the two last games is that the Hospital have had as much of the play—or even more so than their opponents, but terrible weakness of the forwards in front of goal have robbed the Hospital of numerous goals, while on the other hand some at least of the back division have lost all their skill in stopping the rushes of their opponents, as a result the Hospital neither scores, nor prevents our opponents from scoring. Team:—

GUY'S.—A. R. Thomas (goal); W. M. Robson, E. A. Longhurst (backs); R. B. Hall, J. MacAlpin, P. Joy (half-backs); P. S. Mandy, H. K. Lacey, A. Hughes, L. Humphry, C. Witcomb (forwards).

Papers by Guy's Men.

Antrectomy as a Treatment for Chronic Purulent Otitis Media.—*Clinical Journal*, October 13th, and

A Consideration of the Principles that should guide us in the Treatment of Abnormal Mechanical Conditions of the Hip-joint. By W. Arbuthnot Lane, M.S., F.R.C.S. —*Ibid.*, 20th October.

A Case of Sarcoma of the Upper Jaw in a woman twenty years of age; Excision; Recovery. By. R. Clement Lucas, B.S., F.R.C.S.—*Lancet*, October 9th.

Twenty-six Cases in which Abdominal Section has been performed a second time.—By John D. Malcolm, M.B., C.M., F.R.C.S.—*Lancet*, October 16th.

Some unusual forms of Hernia; with Remarks.—*British Medical Journal*, October 9th, and

Some rare Affections of the Fingers. By A. H. Tubby, M.S., F.R.C.S.—*Ibid.*, October 16th.

An Inaugural Address on Man and Medicine. Delivered at the opening of the session of the York Medical Society on October 13th, 1897, by J. F. Goodhart, M.D. Aberd., F.R.C.P. Lond.—*Lancet*, 30th October.

Appointments.

CIVIL.

LAWSON, GEORGE, L. L., M.R.C.P. Edin., M.R.C.S. Eng., of Yalgoo, Western Australia, and

TRESIDDER, HARRY INNIS, of Dubbo, New South Wales, have been appointed Justices of the Peace.

TEMPLE, P. G., L.R.C.P. Lond., M.R.C.S., has been appointed House Surgeon to the Children's Hospital, Nottingham.

COLEMAN, J. J., M.R.C.S., L.R.C.P., to be Hon. Member of the Medical Staff of the Lloyd Cottage Hospital, Bridlington Quay.

NAVAL AND MILITARY.

SURGEON E. S. TUCK, R.N., has been appointed to the *Esk*, and

SURGEON J. C. G. REED, R.N., to the *Rodney*.

ARMY MEDICAL RESERVE OF OFFICERS.

SURGEON-CAPTAIN E. L. CROUCH, is promoted to be Surgeon-Major.

SURGEON-LIEUTENANT RICHARD HARMAN LUCE, 1st Volunteer Battalion the Sherwood Foresters (Derbyshire Regiment) to be Surgeon-Lieutenant.

Case for Commentary (Solution).

Laparotomy was performed and general suppurative peritonitis found. At the post-mortem two days later the primary cause was found to be the appendix cæci.

NOTICE TO CORRESPONDENTS.

The Editor wishes it to be understood that no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.

Births.

HARRIS.—On October 16th, at Shaftesbury, the wife of W. J. Harris, M.A., M.B., F.R.C.S., of a son.

HOVENDEN.—On November 2nd, the wife of Gerald S. Hovenden, M.D., B.S. Lond., of Selhurst Road, South Norwood, of a son.

RICKETTS.—On October 27th, at the Warren, Greenhithe, Kent, the wife of Thomas Frank Ricketts, M.D. Lond., of a daughter.

STEWART.—On October 25th, at York House, Fulham Road, S.W., the wife of Eland Stewart, L.R.C.P. Lond., M.R.C.S., of a son.

ED.—F. E. W.

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Calendar of Coming Events.

November.

Sat. 20.—1.30 Clinical lecture by Dr. Pye-Smith.
Mr. Howse's take-in; Drs. H. C. Sturdy and J. E. Powell; Cl. A. J. Cleveland.
G.H.R.F.C., I., Old Merchant Taylors, home.
II., London Scottish, away.
G.H.A.F.C., I., Reigate Priory, away.
II., Crystal Palace, home.
U.H.H.&H., Five mile handicap at Chingford.
8 p.m., Meeting of Debating Society.

Mon. 22.—Final Fellowship Exam.

Tues. 23.—Cambridge Third M.B. Schedule to be brought to Medical Office for signature.

Wed. 24.—G.H.A.F.C., II., St. Mary's Hospital II., away.
1.30 Clinical lecture by Mr. Howse.
Mr. Davies-Colley's take-in; Drs. A. G. Osborn and A. A. Miller; Cl. W. N. East.

Thur. 25.—G.H.C.U., Address by W. H. T. Gairdner, Esq.

Sat. 27.—1.30 Clinical lecture by Dr. Pye-Smith.
G.H.R.F.C., I., Lennox, home.
II., Lennox, away.
III., Lennox, away.
G.H.A.F.C., I., Old Foresters, home.
II., London Hospital II., away.
8 p.m., Meeting of the Physical Society. Paper on "Functions of the Suprarenal Glands," by R. H. J. Swan.

December.

Wed. 1.—1.30 Clinical lecture by Mr. Howse.
Mr. Lucas's take-in; Drs. H. L. Eason and L. H. McGavin; Cl. R. T. Fitz-Hugh.
January Appointment List opens.
G.H.R.F.C., I., East Sheen, home.

Thur. 2.—G.H.C.U., Address by J. W. Jordan, Esq., "Discipleship."

Fri. 3.—Last day for names to be sent in to Registrar for first, second and third M.B. Camb. exams.

Sat. 4.—1.30 Clinical lecture by Dr. Pye-Smith.
G.H.R.F.C., I., Blackheath, away (combined with Thomas').
II., Kensington, home.
G.H.A.F.C., I., Eastbourne, away.
II., St. Mary's Hospital II., home.

Guy's Hospital Gazette,

NOVEMBER 20, 1897.

Life Assurance.

A Lecture delivered by Dr. Pye-Smith, on November 12th, 1897.

Gentlemen,—As we have a day over from our last subject, I propose to devote to-day's lecture to the subject of "Life Assurance," for, though this subject may not interest you much now, it will in days to come, when you will have to examine people, not as patients, but as candidates for assurance. The work is honourable, it is a good introduction to practice, and there is no trouble about getting your fees. Since it is important for companies to have a competent medical adviser, they take care to select a practitioner with a reputation for knowing his work. So the fact of being appointed is a good thing for your reputation; and however busy you may be, yet you will always spare the time to examine a proposer for assurance, just as, however full a lawyer's hands may be, he has always time to take an "affidavit" and eighteenpence. Most of the companies provide you with a printed form, of which I show you these examples on the table. Those of some companies are ridiculously minute, whilst those of others are perhaps too vague. I have written upon the board the important points which they all include.

I. *The personal examination.*—When a proposer comes into your room, you naturally form some preliminary judgment from his *general aspect;* one must not, however, be too readily influenced by this. A puny, weak-looking person may, nevertheless, be a "good life," and conversely a ruddy and athletic man may be the subject of some defect which excludes him from insurance.

The height and weight are the next consideration. You may have your own instruments for determining this; but, as a rule, it is not necessary to be so exact on these points, and by experience, you can train yourself to give a very

good guess at them. Moreover, it is not so much the actual height and weight that matter as the proportion of the one to the other; thus, a man who is very tall, relatively compared with his weight, is, other considerations apart, not so good a life as a much lighter man, if he is short.

Girth of the chest and its movement. The girth of the chest, again, is a matter of relative proportion; a tall man should have a broad chest, say not under thirty-six inches. More important are the movements, but here, habit has such an important influence, a player on a wind instrument may be able to expand his chest much more fully than an ordinary person, though the latter may be the healthier of the two; for this reason the use of the spirometer has been abandoned, and the mean chest measurement in tranquil breathing is more important than full inspiration and full expiration. Be cautious in percussing; if there is consolidation, sufficient to give altered resonance, you are sure to detect alteration of breath sounds on auscultation, and many people seem to dislike being percussed.

As to auscultation, another difficulty arises. Many people object to stripping; they take off a coat perhaps, and then, with great reluctance, a waistcoat, and expect you to auscultate through a starched shirt-front. Always insist on their stripping. Never lose your temper, but let them see that you can only examine them in your own way. There is no need to auscultate the whole of the chest. Examine the apices in front and the bases behind. If at the apex you hear healthy inspiration and short expiration, you may be certain that the patient has not phthisis. Make the patient breathe deeply whilst clasping his sides in your hands, and you will at once detect any serious mischief, such as hydrothorax.

Cardiac sounds.—Here, again, you need only listen to the apex and at the base. None of you would, I am sure, fail to detect a case of valvular disease of the heart. What you are much more likely to do, is to reject a healthy person. Remember that palpitation and frequent and irregular pulse may be present with a perfectly healthy heart. Always appeal to physiology before pathology. Get some friend of yours to run upstairs and then listen to his heart; not only will the pulsation be frequent and irregular, but you may hear a soft, apical, systolic bruit. When a man comes to you to be examined, he is very likely to be nervous, and his pulse-rate goes up just as yours does at an examination; let him sit still or lie down on a couch while you ask him some questions about his past health and family history, and in a few minutes the pulse will fall to normal.

If a person has unmistakable valvular lesion reject him; if you are in any doubt, tell him to come again in a week. I repeat, you are much more likely to reject a "good heart" than to accept a "bad one."

Urine.—Here again some difficulty may arise, but you must be firm on this point. Since Dr. Bright's time, it has been a rule at our hospital never to prescribe for a patient, and never to operate until the urine has been examined, and all the best companies refuse to issue a policy to any man whose urine has not been examined. It is surprising how many people will tell you that they passed their water just before coming in, never mind, let them wait for ten or fifteen minutes and you will get enough for your purpose, not enough, perhaps, to take the specific gravity, but this is a matter of little importance, you know that in winter and after drinking beer or even water, a healthy person may pass urine with specific gravity of 1002. If the patient says he cannot make water at the time, and afterwards sends you a specimen in a bottle, note the fact in your report. It is just possible that the urine may may not be his. I remember a curious case; a proposer sent me a specimen of his urine which I examined and found to contain albumen, I therefore rejected him, afterwards I heard from the agent, that the man, having a suspicion that something was wrong with his water, had sent that of a friend, unfortunately for him he pitched on a friend who had Bright's disease. After this the company very properly would have nothing more to do with him. The two things to test for are *albumen* and *sugar*. If a man has albuminuria, you must reject him, but if he has only a slight quantity and has not a high-tension pulse, you may tell him to come again in a fortnight or a month to be re-examined. The two best tests are undoubtedly *heat* (after previously acidulating), and the ring formed with cold *nitric acid*. The only objections to these are that the first takes a little, and the second, if there is only a trace of albumen, a rather longer time; many therefore use *picric acid* (having previously added to it ten per cent. of acetic acid), and if after the addition the urine remains clear, you can be certain that there is no albumen, but if there is a cloudiness, the converse does not follow; you must then employ heat and nitric acid, or ferro cyanide and citric or acetic acids (or a few drops of vinegar or lemon juice).

Next as to *sugar*. You often find albumen unexpectedly, but seldom glucose; still you must *always* examine for it. Never accept a young person with glycosuria; if you think it is a temporary disturbance you may advise him to come again in not less than six months. In old people glycosuria is not nearly so dangerous, more especially if they are also fat; they may sometimes be accepted as second-class lives. I should say that an old fat Jew has the best prognosis of any, he will probably live to a good age and die of something else.

Then as to *deposits;* as a rule they are of no importance. This applies to *phosphates*, and to *uric acid* if it does not fall at once, say not till next morning; if it falls within ten minutes, it may be taken to show a tendency to calculi, and the same remarks apply to *oxalate of lime*. You are not expected to examine microscopically for *casts;* few companies insist on it, and when they do, I fear that in many cases it is performed very perfunctorily. This completes your examination physically. You are not expected to examine the abdomen, unless a proposer has been in India or is ruptured. It is, however, worth your while to examine the cervical *glands*.

II. *The family history*.—This is usually supplied by the proposer, and it is part of the agent's duty to obtain. But it is not sufficient, as some do, merely to copy this on your report, you are expected to bring your medical knowledge to bear on the statements of the proposer. Thus, you will often see stated, "the father died from an accident." This may mean anything. You ask the proposer for the particulars and he may say that his father was killed on the spot in a railway accident. But often when you come to enquire, you find the father died of chronic disease of the spine, which was *supposed* to have originated in a jar received long before whilst in a train. People often mislead one in this way without intending to do so. But this loose way of expressing one's self, may be carried so far as to be almost fraud, as in a case in which I was told that the proposer's father died "of an accident," and afterwards found that he had died in an asylum of general paralysis of the insane; this was *supposed* again to have been due to a slight blow on the head. In another case the "accident" was sleeping in a damp bed, which led to a cold which he never got rid of, the case being in reality one of phthisis. Another misleading statement is that the mother died "from child-birth;" always enquire how long after, thus, if a day after, it probably means hæmorrhage, if a week, puerperal fever; but if after a longer interval than a month it usually means phthisis. You know that it is a curious law that phthisical women often improve greatly during pregnancy, their cough subsides, they make flesh and all their symptoms improve, but after the birth of the child they go back rapidly, and often die of what is known as "galloping consumption." The history of brothers and sisters is not so important as that of parents; but here again the important thing to look out for is phthisis. Those who will acknowledge that a parent or brother died of intemperance, will not admit that a relation died of phthisis. Therefore, carefully look out for the following causes of death:—

Hæmoptysis.—This always means phthisis.

Bursting of blood-vessel.—This might be taken to mean in the brain, but it almost always means pulmonary hæmorrhage.

Chronic bronchitis.—Adults do not die of this, only infants and old people. Between puberty and fifty it means phthisis.

Chronic pneumonia.—A contradiction in terms, true acute lobar pneumonia either kills or leaves the patient well.

The rule is, that if one parent, or two brothers or sisters have died of phthisis, to put the proposer in the second class.

III. *Personal history*.—The *occupation* of a proposer does not usually count for much, even though it may be one which exposes the follower of it to a certain risk: thus, the risk of a sailor being drowned may be neglected, or of a soldier being killed in action. Only in time of war would there be an increased premium asked while it lasts, and probably a patriotic board of directors would not exact even this. Plumbers are subject to colic and gout; and Sheffield grinders, potters, and masons, to phthisis. But as a rule one does not make much of occupation, especially as when you come to enquire into an alleged occupation, you may find that the proposer is only a carman to crockery, or a bookkeeper in an office. There is, however, one occupation which is a serious drawback to prospects of long life, and that is trafficking in liquor, for though there are many exceptions, and some publicans are sober and respectable men—some even teetotallers—yet there can be no doubt that the class I refer to, is, on the whole, an intemperate one. Similarly, all who have habitually to do with liquor, such as keepers of hotels, especially where there is a bar, butlers who have the care of the cellar, and commercial travellers, all these people can have liquor without paying for it, and on the whole they do have it.

I once examined a young man who was suspected of intemperance, but though I went over him carefully there was no unfavourable symptom; his tongue was clean, complexion clear, his pulse quiet, and his hand steady. The urine also was neither thick with lithates nor very pale nor albuminous. I afterwards heard that he was much in debt to certain money lenders, who were anxious to get him insured for their own security. They had, therefore, kept him shut up in a country house for a fortnight before seeing me, making him take exercise every day in the garden, giving him an occasional blue pill, and excluding all stimulants. Let me add that in any case of fraud, it is not your duty to do more than detect it.

Sometimes, on being asked his occupation, a man will reply, "Oh, I'm a gentleman." Only this morning this answer was given me by a retired carpenter who had been left a thousand a year. If you wish to indulge your natural politeness, you may rejoin, "Of course, anyone can see that at a glance." Now, if by a "gentleman," you mean a landowner, who spends his time looking after his estates, hunts twice a week, and has a seat at the quarter sessions, very good, no life could be more healthy, but people do not speak of themselves as such. The style of gentleman is often assumed by a retired innkeeper, a man about town, or a shop boy out of work, leading an idle life. Always enquire particularly.

To get a notion of the kind of life and circumstances of the proposer, ask him *where he was born* and brought up; what he did after he left school, particularly whether he has been abroad; this part of the examination is easy enough, almost everyone likes talking about themselves.

Previous illnesses.—Many patients say they have never had a day's illness in their lives. I always answer that no one can live twenty or thirty years in this world without being ill; and then come the exceptions. "Oh, of course, I've been through the usual complaints of childhood." Here we must make a distinction; children may die of the effects of measles or whooping cough, but if not they do not suffer from it later. The one important disease of childhood is scarlet fever; remember two important signals of this fever, Bright's disease and otitis media. *Always* ask: "Have you suffered from earache or have you had a running from the ears?" If they have, let them go to a skilful surgeon and have the disease treated; but never accept a man with otitis media; caries may supervene at any time, and no one with this disease can be considered safe. It may often be necessary to jog the patient's memory; run through a list of the common diseases: Influenza, rheumatism, pneumonia, cough, dyspepsia, jaundice. You must also enquire after syphilis and after stricture. Probably gonorrhœa, taking into account its far greater prevalence, kills more people than syphilis, usually by cystitis and pyelitis following stricture. The letter of a "friend" is always given you; this is almost always worthless. It usually runs: The proposer is a temperate man; has never had a day's illness in his life, and so on. Almost the same may be said of the agent's letter.

IV. *Your decision.*—After completing your examination you will have come to prognosis. Three courses are open to you.

1. To *accept* at tabular rates for ages. This you may safely do in the majority of cases.

2. To *reject.* This you must do in cases of albuminuria, glycosuria, heart disease, phthisis, intemperance. A question may arise in a case of mitral regurgitation with complete compensation. Many such cases last for a long lifetime, but they ought not be accepted because there are not enough of them to equalise the risk. You may only accept five or six such cases, and one of these may die within a year after acceptance, while there ought to be a hundred to make up the loss to the company.

3. To *put in second class.* The best cases are those of perfectly healthy people with bad family history.

4. To "*load up*," *i.e.*, to accept a proposer as older than he really is. Thus, you accept a man of twenty, whose father died of phthisis, on same terms as a man of thirty with good family history.

V. *Special cases. Women.*—Some offices will not take them at all. You can easily see the difficulties in the way of valuing their lives—the difficulty of fully examining the chest, and the difficulty of examining the urine. There may be albumen from such causes as leucorrhœa, menstruation, etc. Still, women's lives have sometimes to be assured, and you must trust to your insight and appreciation of aspect. The first pregnancy is a time of risk, and after the climacteric a woman's is a much "safer life" than a man's of the same age.

Under age.—These are not satisfactory; if there is anything at all wrong, reject, as curvature of the spine, albuminuria or suspected tubercle. The family history is very important, and you must be very strict in these cases.

Proposers over 60.—Be cautious in such a case; any doubt as to the state of the heart or

the urine, the presence of bronchitis, or of prostatic disease, or of atheroma, should lead to rejection.

Practical rules—

1. Pale, feeble persons are often "good lives."

2. Neglect as unimportant—Dyspepsia, headaches, neuralgia, non-articular rheumatism, and diseases of the skin and eyes generally.

3. Bear in mind—

a. Intemperance. Here you share responsibility with the agent.

b. Phthisis. Too much cannot be said of this; never accept a doubtful case.

c. Heart disease.

d. Albuminuria.

e. Diabetes.

f. Otorrhœa.

Not so important.

g. Gout. This does not prolong life. Look for albuminuria and arterial disease.

h. Hernia. Not so important as formerly, owing to improvements in anatomical knowledge among general practitioners.

i. Insanity. Importance over-estimated. Dementia paralytica is not hereditary, and people in asylums often live to old age.

4. Accept "*all you can.*" Reject "*all you must.*"

5. "Load" heavily if you load at all, particularly for lives between 20 and 30.

6. Never give a report as the "friend" of the proposer.

7. Never examine a patient of your own, if you can possibly help it.

Hospital News.

CLASSIFIED LIST OF CASES.

In the Surgical Wards.

CASES UNDER MR. HOWSE.

ASTLEY COOPER	2.	Compound fracture of tibia and fibula.
	15.	Pott's fracture.
	32.	Fractured frontal bone.
CHARITY	16.	Nævo-lipoma.
	18.	Old excision of knee. Infantile paralysis.
NAAMAN	10.	Cyst of epididymis.
	19.	Varicocele.

CASES UNDER MR. DAVIES-COLLEY.

CORNELIUS	9.	Vicious union of ulna and radius.
LYDIA	2.	Tuberculous knee.
	7.	Abdominal tumour.
	16.	Carcinoma mammæ.
	21.	Tuberculous tarsus.
	Cot.	Cleft palate.
LUKE	2.	Pes cavus.
	6.	Jacksonian epilepsy.
	9.	Varicocele.
	12.	Encysted hydrocele of cord.

CASES UNDER MR. LUCAS.

ACCIDENT	6.	Ununited fracture of tibia. Wired.
	9.	Fractured femur.
	16.	Fractured tibia and fibula.
JOB	3.	Burrowing ischio-rectal abscess, pointing on outer side of thigh.
	8.	Hydrocele.
	9.	Enlarged prostate.
LYDIA	13.	Cystic adeno-sarcoma of breast.
	16.	Carcinoma mammæ. Secondary glands.
	Cot.	Multiple tubercular lesions.
CHARITY	2.	Appendicitis.
	23.	Fractured patella.
	Cot.	Webbed fingers.

CASES UNDER MR. GOLDING-BIRD.

CORNELIUS	2.	Fractured fibula. Dislocation of ankle.
	4.	Self-inflicted punctured wound of thigh.
	15.	Injury to spine.
LARARUS	11.	Epithelioma of lip.
	15.	Internal derangement of knee.
	16.	Femoral hernia.
	22.	Epithelioma of lip.
MARTHA	5.	Femoral hernia.
	6.	Strangulated femoral hernia. Operation.
	16.	Intra capsular fracture of femur.

CASE UNDER MR. SYMONDS.

MARTHA	12.	Carcinoma mammæ, similating mastoid abscess.

CASE UNDER MR. DUNN.

MARTHA	10.	Nævo-lipoma. ? Sarcoma of muscle.

"Clinical."

JOHN	1.	Convalescent pneumonia.
	2.	Abdominal tumour.
	3.	Chronic intestinal obstruction.
	4.	Chronic intestinal obstruction.
	5.	Typhoid fever.
	6.	Pleurisy.
	7.	Pneumonia. Pericarditis. Pyæmia.
	10.	Pericarditis.
	12.	Typhoid fever.
	16.	Bronchitis and emphysema.
MIRIAM	17.	Congenital enlarged sigmoid. Obstruction. Colotomy.
	18.	Appendicitis.
	20.	Cirrhosis of liver.
	21.	Typhoid fever.
	22.	Renal calculus.
	23.	Nephritis.
	24.	Diabetes.
	25.	Tubercular kidney.
	27.	Hæmoptysis.
	28.	Acute rheumatism.
	29.	Intestinal obstruction.
	30.	Pleurisy and mitral disease.
	32.	Phlebitis. Melancholia.
	Cot 1.	Broncho-pneumonia.
	3.	Marasmus and broncho-pneumonia.
	4.	Broncho-pneumonia.

A Case from "The Charity."

THE patient was a primipara, aged 21, at full term. She had had some abdominal pains for a few days, and at midnight on October 29th, 1897, the membranes ruptured. After this the pains became weaker.

The extern was first sent for at 2.45 p.m. on October 31st, and found the os fully dilated. The left hand was first felt within the vagina, and above and behind it the left shoulder. By passing the finger along the forearm within the os, the left elbow was felt. The fœtal hand grasped the examining finger when placed in its palm. Abdominal examination showed that the head was in the left iliac fossa and the breech to the right, but on a higher level than the head. The greater part of the uterus was lying over to the right, and at its lower part to the left could be seen the outline of the distended bladder. Urine was drawn off by catheter. Fœtal heart heard in the middle line about one and a half inches above symphysis. Pulse 116, pains weak. The Charities were sent for. On arrival (4.30 p.m.) an attempt was made to push up the left shoulder, but this was unsuccessful, owing to a tight contraction ring about two inches above the external os.

A.C.E. administered, and the left arm brought down so that the left hand and forearm projected from the vulva. The head was felt with the face towards the sacrum, and Mr. Philip Turner was able to reach and get his finger into the mouth. Owing to the contraction ring, it was impossible to reach a leg. It was decided to remove the patient to the Hospital, owing to the very unwholesome surroundings of her home.

October 31st. At 8 p.m. the patient was admitted to Dorcas ward. On inspection, the abdomen showed transverse elongation of the uterus, and there was a broad, shallow groove crossing the lower part of the abdomen, which was regarded as the site of the contraction ring. At the same time there were distinct but feeble intermittent contractions of the fundus, showing that though much contracted it was not in a state of tonicity. Patient not exhausted. Pulse 96.

9.45 p.m. A.C.E. again administered, and patient taken into operating theatre. The abdomen was still transversely enlarged, and the left forearm projected from vulva, with left elbow pointing directly to mother's left. The external parts were thoroughly washed, and the vagina douched with perchloride of Hg. (1 in 2000). Patient placed in dorsal position. Mr. Targett examined, and found that the position of the fœtus had somewhat changed, for after manipulation the head had descended and the breech ascended towards the fundus on the left. The position of the fœtus, when it had been as thoroughly examined as the tightness of the contraction ring would allow, is represented in the accompanying photograph.

The head was detained above the brim, and was extremely retracted, so that only the occiput could be reached. Thus, the neck was stretched out as far as possible, but it could be reached with the tips of the left index and middle fingers. After prolonged attempts, the serrated hook was passed round the neck. The difficulty was due, firstly, to the contracted state of the uterus, and, secondly, to the retraction of the head, whereby the occiput prevented the hook from slipping down upon the neck. It was ultimately passed with the point directed *away* from the head, and then rotated upon its long axis.

After the decapitating hook was passed and its point felt behind the neck, strong efforts were made to saw through the neck. This entirely failed. As was afterwards seen, the points of the serrations just perforated the skin, but no wound of any depth was inflicted. The soft tissues merely skidded on the spine beneath. Seeing that this instrument had failed, and that no sharp decapitating hook was available, an attempt was made to cut through the neck with scissors. By dragging on the neck with the hook, and protecting the scissors with the index and medius of the left hand (the patient being still in the dorsal position), the soft tissues on the left side of the neck were divided. As no special long scissors were to be had, the operation was very difficult and tedious. A sharp flow of black blood indicated division of the fœtal vessels at the root of the neck, and then a finger could be passed into the rounded superior aperture of the thorax, showing that the plane of section was much too low. However, as only two fingers could be passed through the contraction ring, and the severe cramping of the hand which ensued, very little progress was made in the decapitation.

It was then resolved to telephone for Dr. Horrocks to bring his instruments. The patient had then been under an anæsthetic for two and three-quarter hours. The serrated hook was removed, warm blankets applied, and the patient kept lightly under anæsthetic.

November 1st, 1 a.m. Dr. Horrocks arrived, and had the patient placed in Sims' position. He introduced a blunt hook over the neck and made powerful traction upon it, and then attempted to complete the decapitation, using various kinds of scissors and bone-forceps. He succeeded in removing portions of the clavicle and ribs on the left side, together with the lungs and heart, but could not reach the spine. After one and a half hour's hard work he decided to perform Cæsarian section. Before this was done, Mr. Targett made one more attempt and succeeded in removing four vertebræ, which were afterwards found to belong to the upper dorsal region. The presenting parts, which now included the whole of the left upper extremity, and the adjacent soft tissues of the thorax, were removed, and the vagina was lightly plugged with iodoform gauze. During this prolonged manipulation the vagina had become much congested and somewhat œdematous, but not actually livid. The bladder had been frequently emptied. The hands and instruments were constantly immersed in lysol throughout the operation. The patient was then turned over into the dorsal position, and the abdominal wall thoroughly cleaned. Pulse good.

2.45 p.m. Cæsarian section began. Incision from one inch above umbilicus downwards for five inches. Abdominal wall was very thin, and therefore the uterus was quickly exposed. Bandl's ring was seen as a shallow groove crossing the lower part of the uterus, but it was not so distinct as the tightness of the ring within the uterus would have suggested. The incision in the uterus was quickly made, about three and a half inches in length, and the uterus was pressed forward by an assistant having a hand on each side of the abdomen. There was very little bleeding and the fœtus was at once seen.

Its breech was at the fundus, and the back looked to the left and forwards. On introducing the hand to extract the fœtus, the wound was flooded with meconium which flowed from the anus. It was wiped up as well as possible, but the peritoneum must have been soiled to some extent. The placenta and membranes were easily removed, and the uterus was thus emptied in four and a half minutes from the commencement of the operation. Injection of ergotin given. The uterus was withdrawn from the abdominal cavity, and pressure applied to the broad ligaments by an assistant who grasped them in such a manner as to control the hæmorrhage through the uterine vessels. The uterus did not bleed profusely, yet it would not contract in spite of friction. All clots were removed from its cavity, and the sutures inserted without waiting for it to contract. The pulse had now become very running—about 140—and though the loss of blood had been by no means excessive, yet it was thought that intravenous injection would counteract shock. Two pints of warm saline fluid were allowed to flow into the left median cephalic vein. Nine deep and a few superficial sutures were inserted into the uterus, but not after Säuger's method. The uterus was then replaced and the abdominal wound closed. When last seen the uterus was very flaccid, and reached considerably higher than the umbilicus. Dressings applied. No bleeding from the vagina when the plug was removed. After the saline injection the pulse improved considerably, and when taken back to the ward was about 110, and the patient was warm. She had been under the anæsthetic altogether for five and a half hours.

The remains of the fœtus (a male), when weighed some hours later, amounted to 6 lbs. 9 ozs. But this did

not include the heart and lungs, and portions of the ribs and spine, nor much of the blood, which had drained away both at the operation and subsequently. A thin band of soft tissues connected the head with the chest, showing that the body had been almost divided obliquely from above the left shoulder to the right side of the chest. The abdomen was not opened. There was no caput succidaneum, or evidences of moulding of the head.

As soon as patient was returned to bed, a coffee enema was given, and $\frac{1}{4}$-grain of morphia injected hypodermically. Patient continued to be restless and another $\frac{1}{6}$-grain was given at 4.30 a.m. During the following day the temperature remained about 100°, but patient was quite comfortable. Vaginal douches were given on three occasions during the day, but no clots were brought away, and the fluid was quite sweet. A gruel enema was also given.

On Nov. 2nd the temperature remained between 101° and 101·4° after which it gradually fell. Bowels were opened after an enema. On the subsequent days the progress of patient was highly satisfactory, but on Nov. 5th temperature again rose to 101·4° owing to a slight attack of bronchitis for which carbonate of ammonium gr. iii., to an ounce of Mist. Oxymellis Co. 4tis horis was ordered. Temperature fell to 99° on the 7th, and has remained normal ever since. The stitches from the wound were removed on the 12th day after the operation. Except for the slight bronchitis, the patient has made a remarkable recovery, considering the severity and length of the operations. She has now a very good appetite, has no pain, and is quite comfortable. R. H. J. S.

A Case of Middle Ear Disease.

H. K., æt 27, was admitted to Lazarus ward, under the care of Mr. Golding-Bird, for discharge from right ear and pain in the mastoid region. About three and a half years ago a polypus was removed from his right Ext. auditory meatus, at St. Bartholomew's Hospital, and for the last twelve months he had a good deal of discharge from the ear and a lot of pain in the head.

Condition on admission.—The patient complained of great pain in his head; he looked very pale and shivering; there was a swelling and redness behind the ear.

Pulse 100; temperature 100°.

Having been violently sick in bed it was decided to operate at once, so Mr. Lane exposed the mastoid cells by means of the ordinary operation; pus at once welled up. Some bone was then removed and the dura mater and the lateral sinus were found to be healthy in the post. fossa. More bone was then removed in an upward direction until the middle fossa of the skull was reached. Some pus coming out there, it was cleaned out. The dura mater in the middle fossa was found to be rough and inflamed. The cavity was lightly plugged with gauze, and the usual dressings were put on the wound.

The patient then progressed most favourably for a considerable time, *i.e.*, from 10th September to 26th, the amount of discharge steadily decreasing, but on the evening of the latter date his temperature rose to 102·4°; he also complained of a bad headache. On 27th his temperature was 103·6°, and he had a pronounced rigor; during the same evening the temperature fell to 98°. On 28th the patient had another rigor at 5 a.m., his temperature going up again to 103·6; on that day the wound was dressed as usual and syringed out with creoline, everything appearing quite healthy. Another rigor followed on the 29th, the temperature rising to 101·6°, there was also a good deal of pain over the head. Examination of chest revealed nothing to account for this high temperature. On morning of 30th his temperature was 101·6°, so Mr. Golding-Bird reopened the old skin incision and re-exposed the lateral sinus and middle fossa of the skull; the dura mater was found to be healthy and not bulged. A small incision was then made into the lateral sinus, this was also found to be quite healthy. On the day following the patient's temperature was normal, and on the 4th of October his temperature rose to 102.4°, and he had another rigor at 10 a.m.; there was no headache, and no optic neuritis was found on examining the eyes. On the following day the temperature fell to normal in the morning, but towards evening a rigor came on and temperature rose to 102·4°. From that time, however, the patient's temperature fell to normal and remained so until 23rd October, when he was discharged convalescent.

The following points of interest I think ought to be noted.

1. The severity of the disease at its commencement.
2. The occurrence of rigors.
3. The repeated occurrence of these rigors after the second operation, with no apparent cause.
4. The rapidity of his recovery. A. F.

A Case of Ovarian Tumour,

WITH SPECIAL REFERENCE TO THE DIAGNOSIS OF ABDOMINAL SWELLINGS.

By Arthur J. Sharp, M.D. Lond., F.R.C.S. Eng., etc., Whitby, Yorks.

(*From Medical Reprints, October, 1897*).

E. B., thirty-two, married fourteen years, was taken ill on April 1st, with sickness, swelling of the abdomen and constipation.

Menses very regular, except during pregnancies, when they have stopped at once. The last two years periods have been more frequent, with much more pain preceding the flow, which has been scantier. The blood has been darker, but no shreds of membrane, débris or cysts have been noticed. The periods continued till May 25th.

Pregnancies, six: all the children now living. Last confinement seven years ago, nothing noteworthy.

Lactation.—Nursed all the children herself for nine months or so.

Micturition.—At the beginning of April could not empty the bladder completely: this difficulty disappeared.

Defæcation.—Bowels always costive: usually goes nine to fourteen days without any action. A motion I saw was distinctly flattened.

General health, good. Four or five years ago was laid up two or three weeks with severe abdominal pain and sickness, necessitating morphia.

Present Illness.—When first seen on April 5th she was in a condition of obstruction and seriously ill. The abdomen was uniformly distended, dull all over and particularly tender about the cæcum and above the umbilicus. The symptoms were gradually relieved by frequent and copious enemata, aided by massage and starvation. They were attributed to incarceration of scybala with probably distension ulcers about the cæcum. The abdomen, however, continued dull, except in the hypochondria, epigastrium, and upper part of right loin.

Some firm masses could be made out above the umbilicus, and the following possibilities were seriously considered:—

Ovarian tumour.
Ectopic pregnancy.
Fæcal accumulations.
Intestinal or omental growth.
Ascites, etc.

The distension was still uniform and the umbilicus at times slightly bulged.

The uterus could not be recognised bimanually, but was moderately movable. The sound passed 2½ inches with the concavity forwards.

Treatment with creasote, capsicum, salol, and cinnamon oil dispersed a quantity of wind, and made the motions much less offensive. She was able to get up and attend to her duties.

By April 30th it was clear that the abdomen was full of ascitic fluid, and her friends pressed for her to be tapped. The legs also were dropsical. In the absence of cardiac, renal or hepatic disease, she was given diuretics. In this way the fluid present in the abdomen diminished so much that it was not difficult to recognise a median, partly cystic tumour reaching from the pelvis above the navel. The umbilicus was an inch nearer the symphysis pubis than the ensiform cartilage (in a simple ovarian tumour it should be nearer the sternum). The girth at the umbilicus was 38½ inches. The measurements from the navel to each iliac spine were practically identical. The tumour could be seen to influence the shape of the abdominal wall, when looked at from the side. The possible conditions considered were the following:—

1. *Distended Bladder.*—At once settled by the catheter, which did not affect the tumour at all. [I well remember in 1893 a patient sent up to a London hospital for "ovarian tumour." Ever since her confinement six months previously she had had dribbling of urine, and a tumour had gradually developed in the lower abdomen. The first thing that struck one was the urinous odour about the case, the second was the foul nature of the specimen of the patient's urine, and the third was passing a catheter and drawing off some pints of water, by which time the tumour had vanished. Curiously enough the ward sister was most unwilling to have a catheter used, and with that fragmentary knowledge which is so dangerous, thought it was only boyish meddlesomeness that suggested such an unnecessary proceeding. No one ought ever to forget the aphorism of Sir Henry Thompson—*Incontinence means Retention*].

2. *Phantom tumour, pseudocyesis, etc.*—Repeated careful examinations were sufficient to eliminate this without recourse to anæsthesia. The tumour could be definitely separated from the parietes.

3. *Pregnancy.*—This, the diagnosis of her first medical attendant, was made unlikely by the absence of amenorrhœa, sickness, quickening: no single positive sign of pregnancy could be found in the breasts, cervix, vagina, or vulva. No contractions, fœtal movements, souffle or fœtal heart have ever been elicited in the tumour. Sound passed 2½ to 3 inches only. The uterus was fairly movable with the sound, and had not the bulky inertia one would expect in a pregnancy of six months or more. An attempt was made to retrovert the uterus with the sound, and recognise its position from the rectum, but it was too tender and not sufficiently movable. There was a case some years ago of a lady whose chastity was impugned, and who vindicated her reputation by dying of an ovarian cyst, so that the diagnosis is by no means always easy.

4. *Pregnancy with excess of liquor amnii.*—This condition has more than once been mistaken for an ovarian cyst and tapped. In this case, the lower part of the womb was not expanded as in a four to six months' pregnancy. The cervix was not softened, shortened, nor drawn up.

5. *Ectopic Pregnancy.*—No single positive sign of pregnancy. No fœtus can be felt with certainty, though the upper part of the tumour struck one as partly solid. The tumour was so large that it would be in an advanced stage, but such a pregnancy *may* continue for as long as ten months.

6. *Missed Abortion.*— } As No. 3. No uterine
7. *Missed Miscarriage.*— } pains. Ergot was given for a short time without any ecbolic effect being produced.

8. *Hydatidiform Mole.*— } As No. 3. No evidence of
9. *Carneous Mole.*— } cysts, etc., in the discharges. Flow not constant; no pains nor amenorrhœa. Tumour not hard enough for No. 9.

10. *Pregnancy with placenta prævia.*—As No. 3. Os not readily dilatable.

11. *Uterine Fibromyoma (hard or soft).*—A tumour this size would almost certainly have caused very much more bleeding, and the length and direction of the uterine canal would have been altered. In 1894 a patient of fifty was admitted into a London hospital with febrile symptoms pointing to the abdomen. On abdominal section a large tumour was exposed which the surgeon

pronounced to be a fibroid which had become cystic, and was proceeding to close the abdomen again. The physician in charge of the case pressed him to puncture the swelling, which was done, liberating a quantity of pus. The tumour was a suppurating ovarian cyst, and was sewn to the abdominal wall and diligently irrigated and drained for some weeks, after which the patient recovered completely.

12. *Hydro, pyo, or hæmatosalpinx.*—Could hardly reach this size.

13. *Pelvic Hæmatocele.* — History too gradual; no bulging down of pouch of Douglas, nor fixation of uterus "as if set in plaster of Paris," nor history of ruptured tubal gestation.

14. *Ascites.*—There was abundant evidence of this, in addition to the tumour itself. Resonance could not be got in the flank by turning the patient over. This is not always readily distinguished from ovarian dropsy, and it is said that Sir Spencer Wells undertook an ovariotomy only to find ascites.

15. *Fæcal Accumulations.* — These were gradually dispersed and moved on.

16. *An Ovarian Tumour.*—Such are fibroma, myoma, sarcoma, carcinoma, dermoid and various kinds of cysts. The last was most likely, and the chief varieties of these are multilocular and paucilocular cysts of the ovary itself, papillary cysts starting in the hilum, ovarian hydroceles, and cysts of the broad ligament and contained rudiments.

17. *Ditto, with Pregnancy.*—Unlikely.

18. *Hydatid.*—The upper limits of the tumour felt too resistant for a simple hydatid cyst.

19. *Encysted serum or pus* from chronic peritonitis.—The causes are:—

(*a*) Cancer, sometimes colloid, and usually secondary to visceral cancer of stomach, appendix, or ovary.

(*b*) Tuberculosis. A girl of fourteen was admitted to hospital in 1894 with what was believed to be tuberculous peritonitis. The gynæcologist who examined her pronounced the pelvis quite free, and suggested that the tumour felt was an enlarged spleen. The surgeon who examined the rectum also found the tumour unconnected with the pelvis. Ultimately, at the operation, it was an ordinary ovarian cyst with ascites, and she went to a convalescent home twenty-nine days after the operation.

(*c*) Alcoholism.

(*d*) Chronic Bright's disease.

(*e*) As the sequel of acute peritonitis, about the liver, spleen, etc., or as the result of tapping for ascites.

20. *Omental growth* (with matting of viscera and encysted fluid, as 19), and curiosities such as cancer of colon or rectum, tumour of the pelvic bones, postrectal dermoid, etc., which have been known to give rise to considerable tumours.

21. *Pancreatic and other Retroperitoneal Cysts.*

22, 23, 24, 25. *Other cystic abdominal tumours* arising in liver, gall-bladder, spleen, kidney, etc.

21 to 25 are very unlikely, because the tumour extends upwards from below.

26. *Pelvic Inflammation.*—
27. *Malignant disease of body of Uterus.*— } No great tenderness, fixity or fever.

Putting everything together, a diagnosis was made of cystic ovarian tumour complicated by ascites and probably some adhesions.

She was admitted to the Leeds Infirmary on May 25th, and Dr. Braithwaite (with whose kind permission I publish the following particulars) operated on June 2nd. The tumour was a pedunculated multilocular cystic outgrowth from the right ovary with much ascites. The great omentum was adherent to the upper part of the tumour, but was separated without difficulty. The contained fluid was too viscid to flow through Wells' cannula, and was greenish or brown in colour in the different cystic spaces. The incision was prolonged upwards, and the tumour, which weighed about 6 lbs., was delivered whole through the opening. The left ovary contained two or three little follicles, which collapsed on pricking, and was replaced.

June 3rd.—A period lasting three days began.

June 24th.—She sat up for the first time, some of the sutures being removed.

June 26th.—Remaining sutures removed.

June 30th.—Returned home to Whitby, with a dressing and abdominal belt. Wound not quite healed.

July 9th.—Wound all closed. Attendance ceased.

Pass List, October, 1897.

University of London.

M.B. EXAMINATION.

SECOND DIVISION.—H. W. Bruce, E. Coleman, C. H. Fagge, C. R. Hodgson, H. Leader, G. K. Levick, R. W. Mayston, W. T. Milton, J. H. Phipps, G. E. Richmond, J. T. Roberts, H. J. Starling, W. P. Walker.

Final Conjoint Examination.

MEDICINE, SURGERY AND MIDWIFERY.—*F. E. Fremantle.

MEDICINE AND SURGERY.—A. Kinsey-Morgan, *J. G. Watt.

MEDICINE AND MIDWIFERY.—S. E. Denyer, *M. H. Thornely, *H. J. Starling.

SURGERY AND MIDWIFERY.—W. J. Lindsay, H. D. Peile.

MEDICINE ONLY.—E. Evans, *A. T. Falwasser, *R. T. Fitz-Hugh, *C. H. Mossop, A. J. Wernet.

SURGERY ONLY.—*J. D. W. Beavis, H. Bernard-Onraët, *B. B. Gough, E. S. Hall, *C. C. Poole, *W. H. M. Smith.

MIDWIFERY ONLY.—E. Ashby, H. M. Berncastle, T. Davies, R. Fell, F. J. Lidderdale, F. J. H. Martin, G. B. Pearson, L. T. A. Rowland, A. H. M. Saward, J. B. Walters.

* Denotes completion of examination.

The Dental Society.

An ordinary meeting of the Society was held on Tuesday, October 12th, Mr. R. Wynne Rouw, the president, in the chair. The minutes of the previous meeting having been read and confirmed, Mr. R. Wynne Rouw gave his

PRESIDENTIAL ADDRESS.

Gentlemen,—In the Guy's Hospital Gazette for September, that journal so admirably conducted by our own students, attention is drawn in an article entitled "To our New Friends," to the extraordinary spirit of good-comradeship which is the proud boast of every present or past Guy's man; but it seems to me that no amount of defining—be the definition never so elaborate—can possibly bring home to your understanding a correct interpretation of what this spirit means. You must live in the atmosphere of Guy's to appreciate its significance, to get anywhere near the truth, and if your sojourn here be a long or a short one, you will go away and on being asked to explain the infectious enthusiasm which is at the bottom of the whole business, will reluctantly be compelled to affirm that you know nothing beyond the simple truth that Guy's men stick together in a manner not easily to be accounted for. I have often been invited by a curious outsider—meaning thereby a student of another school—"What are the circumstances which regulate the good-fellowship so well known to apply to you fellows at Guy's?" and invariably have I failed at affording a correct explanation. If this *esprit de corps*, for which, therefore, we as a school are so famed is to be continued or sustained—and no man, be he a member of the medical or of the dental school—can deny his contribution, this may assume various forms. At this moment the Clubs' Union, with its constituent institutions, is doing much to foster and encourage the kindly feelings of its members one to the other and to all men, and as we—the Dental Society—are affiliated to the body in question, it behoves us to tender our most active and enthusiastic support. As most of you are aware, this society breathes freely during the winter months only of each sessional year; the opportunities, therefore, for the interchange of opinion on the various papers and copies communicated in this place are few and far between. Let me, in these circumstances, ask your hearty co-operation in making this, our fifth year of existence, at least as successful as any series of winter meetings which have gone by. Carlyle somewhere says, "God gave man a tongue and set it between two rows of teeth, that he might show his good intention, and not tinkle it like a muffinman's bell," which means, I take it, that he should not make a fool of himself. It is the fear of some such undesirable consummation as this which has much to do with the dreaded anxiety which men experience when urging their opinions openly, even in the presence of their own friends. But did not one of the greatest of modern parliamentary orators, actually in a maiden speech, invoke the ridicule of the whole Commons by some trite observations, which, being roared at, caused the speaker to turn round and angrily exclaim, "You may laugh now, but the day will come when you must hear me"—and that day was much nearer than Disraeli himself anticipated. There is no reason why, amongst our students and friends assembled here to-night, there should not be found future gifted rhetoricians in the world of dental politics; but if they are to attain to recognition in this respect, they will find it incumbent on them to make a commencement somewhere, and no more convenient starting post than this society can be theirs. We cannot expect each and everyone of you to present papers, for this would entail much more labour in the direction of these meetings than we can possibly hope to give our honorary secretary credit for. There are other channels by which your practical sympathy may be exhibited. Note carefully in your daily work, in the cases that come before you personally, any deviation from prescribed appearances, any altered as opposed to fixed behaviours under treatment, and when found record the fact and present the sum of your deductions to your fellow students in the form of a casual communication. It is not at all unlikely that many cases of more than passing interest will come under your cognizance—abnormal teeth, strange working jaws, and scores of other specimens. If this should prove to be the case, have a care to secure all you can and bring them before this society, and finally hand them over to the Curator of the museum for safe keeping. Gentlemen, in the short time at my command, I have been able to point out cursorily the manner in which your interest for the well-being of the Dental Society may be enlisted. Remember that in this world there are two motives for doing well, the consciousness of doing good and the hope of reward. If you will but make endeavours, you will have but little difficulty in applying both objects to your association with the Dental Society of Guy's Hospital.

He then called upon members for casual communications, which were made by Messrs. Musgrove, Campkin, and Umney. After which he called on Mr. Hopson to open a discussion on the

MECHANICAL TRAINING OF A DENTAL STUDENT.

He said this is a question with which the profession is face to face; the voices of those who advocate the mechanical training in schools, are loud in the land, so that the matter really resolves itself into one of Schools v. Pupilage.

Now, gentlemen, I do not hold a brief for either party, and I shall myself endeavour to place before you some points in favour of and against both systems, and then leave the subject in your hands for further criticism.

In the early days of dentistry, as you are well aware, it was the custom for a man to learn the whole of his art, both surgical, such as it was, and mechanical, by becoming for a certain period the pupil or apprentice of an individual practitioner, and it is not uncommon to hear a man so educated spoken of as one of the old

school, an excellent mechanic, but not much as an operator. Now that is to a certain extent a result you would have expected from the style of practice then in vogue. Those men had what may be called a "workroom practice"; they were engaged, chiefly, in wielding the key or forceps, and then making good to the best of their ability mechanically the damage they had done. Now, however, things have changed, and the majority of dentists—perhaps I should say licentiates in dental surgery—cultivate an operating practice, and most of their time is spent in the surgery, and so the branches have in a measure become divorced. Then when examination became compulsory the colleges, although requiring evidence of mechanical training, did not deem it necessary to find out if such training had been received. The result being that many pupils did absolutely no work at all during the pupilage, the truth of which was convincingly evidenced when, in November, 1890, the college sprung a mechanical examination upon the candidates. Since that date, skill of the candidates in this particular branch has advanced by leaps and bounds, which I think goes largely to prove that system can be made efficacious if properly carried out. Still, gentlemen, Is the system altogether satisfactory? We have all had experience of it, and know what it has done for us individually, some of you in a few weeks may discover what it has not done for you. It is not everyone who has the faculty for acquiring manipulative skill, but I am convinced that many of the failures would have been successes if any real opportunity had been afforded for acquiring that skill. Take a not, I am sorry to say, uncommon case. A pupil enters the workroom of some busy practitioner, who employs perhaps one or more mechanics. What does he do? For a time he looks on; then he is allowed to pour plasters, get out zincs, polish repairs, back a few teeth, strike up a few dummy plates, and there he sticks, he is never allowed to see a case right through lest he should spoil it, and the mechanic would have the trouble of putting it right. His principal gives him no personal instruction whatever, in fact he only pays flying visits to the workroom, and his sole function seems to be to pocket the large premium and sign his pupils up as having received instruction, which was never given. Premiums, gentlemen, are not to be ignored, they help materially to swell the year's returns.

Now, what can be done to make such a state of affairs as that just quoted an impossibility? The answer given to-day by many prominent members of the profession is, by training your men altogether in schools. They would submit a student to a graduated course of manual training and not place him right away at dental work, but lead him step by step through the ground-work of various allied arts, and so evolve a skilled mechanician. I do not think it can be doubted that such a course of training is eminently desirable, but the difficulties in the way of carrying on such a school are many. If you do away with the pupilage with individual practitioners altogether, schools of dental mechanics will be required as large as those which are now in existence for teaching the rest of the curriculum, and schools of that size will need a vast amount of material—by material I mean patients. Where are these to come from? Unless the work is restricted to that done for the profession, you will need to draw upon the outside public, and then you will have to meet that still more thorny question of supplying artificial dentures to the public at large, and there will be a danger of these institutions becoming Artificial Teeth Supply Companies, Unlimited, to the operations of which the profession as a whole, particularly the junior members, will have a great deal to say.

As has been said, "every man owes a duty to his profession," and the difficulty in this matter is to discover wherein our duty lies.

After which, Messrs. Hopkins, Musgrove, Bell, Rowlett, Stringfellow, Bartholomew, Clark, Campkin, P. S., Wilkes and Campkin, H. T. joined.

A vote of thanks was passed to Mr. Hopson for having started the discussion, and also to Mr. Rouw for having taken the chair.

Betts' Testimonial.

The following names and subscriptions have been sent in to the GAZETTE Office:—

	£	s.	d.
W. A. Brailey, M.D.	1	1	0
P. H. Pye-Smith, M.D., F.R.S.	1	1	0
C. H. Golding-Bird, F.R.C.S.	1	1	0
J. Birkett, F.R.C.S.	2	2	0
J. N. C. Davies-Colley, F.R.C.S.	1	1	0
Frederick Durham, M.D.	0	10	6
J. H. Bryant, M.D.	0	10	6
W. A. Maggs	0	10	0
W. H. Roots	0	10	6
E. H. Hay	0	5	0
C. E. Winckwork, M.D.	0	5	0
A. C. Hovenden, M.B.	0	2	6
Geo. Rendle	0	2	6
H. Gunton Turner	0	2	6
F. S. Batchelor	0	2	6
E. W. S. Rowland	0	2	6
J. T. Dunston	0	2	6
S. H. Russak	0	2	6
H. D. Peile	0	2	6
R. Howard, M.B.	0	2	6
W. J. Lindsay	0	2	6
J. L. Payne	0	2	6
W. H. M. Telling	0	2	6
W. E. Hills	0	2	6
E. Fisk, M.B.	0	2	6
C. T. Hilton	0	2	6
W. R. Cazenove	0	2	6
P. Turner	0	2	6
A. Earnshaw, M.B.	0	2	6
H. E. C. Fox	0	2	6
R. B. Stamford	0	2	6
W. J. Henson	0	2	6
J. A. Briscoe	0	2	6
R. Hicks	0	2	6

Passim.

To-night the long-delayed opening meeting of the Debating Society will take place in the smoking-room of the College. A subject has been chosen that has perhaps exercised the minds of everyone at some time or other—the question of Capital versus Labour. Mr. Frank Shufflebotham will move "That this house emphatically condemns the attitude of Labour towards the rights of Capital," and Mr. E. Ivens Spriggs will do his best to gain an opposite verdict. David Howard, Esq., J.P., William Allen, Esq., M.P., and our Treasurer, H. Cosmo Bonsor, Esq., M.P., will also take part in the discussion. It is hoped that on this occasion there will be a large audience to welcome the visitors, and that there will be no lack of speakers to keep up the interest of the evening.

Although Guy's hopes in time to have one of the most perfectly arranged and complete medical school buildings in London, if not in England, yet there are one or two little improvements which would go far to make the existing buildings ever so much more convenient than they are at present. Of course, all the many and obvious faults of the present anatomical quarters will be rectified in those new buildings which are to be. Many of them are purely structural, and as such, irremediable without rebuilding, but one very great nuisance which could and should be altered at once is the lighting of the dissecting-room. The ordinary daylight which flitters in at the roof is generally quite sufficient for all purposes, but when the fogs come—and they came last week—we have to rely on the intrinsic light of the room, and careful work becomes an absolute impossibility. And yet at a small cost the electric mains just outside could be tapped and each table in the room supplied with an adjustable pendant. Nothing expensive is required; just the quality of fittings which will be found in most modern workshops where the many advantages of electric light are appreciated.

Then, again, consider the fitting of the new Physiological laboratory. There one finds that the old method of running the myograph drums is still preserved. It is true that they have substituted an electro-motor for a water-motor, and are thus reasonably sure of a uniformity of speed impossible in the old days; but instead of working the motor direct, it has to twist forests of shafting high up in the ceiling, from which a network of belts descends to the shafts on each bench. The apparatus runs smoothly at present, except for an occasional band running off its pulley, necessitating fire-brigade evolutions by the attendant on an extension ladder; but when the belts have got a bit worn and slack there will be a tremendous lot of trouble with the apparatus. How much simpler it would be if each bench had a motor driving direct on to its shafting instead of the present system. Of course the ideal laboratory would be supplied with electric power at every table, driving motor drums and, with suitable resistances, displacing the cumbersome and unreliable primary batteries now in vogue. But then half the excitement of practical physiolgy would vanish.

The pass results of the London M.B. are now published, and all but two or three of the fifteen candidates who went up from Guy's has succeeded in satisfying the examiners. As regards the Honours Examination, which only started last Wednesday (after the publication of the pass list), it is as yet too early to give any information; but, whatever be the result, our candidates can be relied on to do the old place credit, and we anticipate having to once more bring out our usual congratulatory paragraph at an early date. One of the successful men, however, decided to forego the Honours Exam., and started last Thursday, at a day's notice, to take up a post at the seat of the plague in India. Our very best wishes, and those of all who know him, will, we are sure, go with Mr. H. W. Bruce on his outward voyage.

The possibilities of the usefulness of the Röntgen Rays so hopefully suggested when the discovery was first made, are, unlike most suggestions, being increasingly realised day after day. It is now quite a routine practice on some firms to get every possible fracture skiagraphed, and to use the result in the "setting" of the same, to the great advantage, it is needless to say, of the patient, and to the credit of the hospital. The possibility of photographing calculi in situ, has also turned out to be no myth, as nearly a month ago now, an extraordinary case of renal calculus under Dr. Taylor, was successfully diagnosed by the aid of the X-rays, and Mr. Fripp was able to remove the offending body with consummate ease, though failure had been the result until the aid of the new photography was called in.

THE lot of the dresser for the week as regards his toilet arrangements, has hitherto been anything but a pleasant one, but now, it seems, old things are to pass away and all things become new. Formerly it was no uncommon sight in the early (or even late) morning hours, to see that hard-worked individual trying ineffectually to convey unnoticed, his sleepy, scantily-clad self to the revigorating atmosphere of the College bathrooms. Now, however, we shall happily be spared that sight. The new baths adjoining the dressers' bedrooms will soon be in working order, and the one on the top floor of the old superintendent's house, which is now in temporary use by the dressers and house-surgeon for the week, has been in use for some weeks past, and has in consequence proved a great boon.

THE clerk of the works and his merry men are now hard at work transforming the old Addison ward into the new up-to-date obstetrical ward, which the Prince, our president, named last June after Her Most Gracious Majesty the Queen. Our readers will be pleased to hear that it is to be really opened as soon as all the necessary arrangements can be completed. These, however, are to be rather elaborate, comprising, amongst other things, the sub-division of the ward into two parts (the larger of which will correspond to the present Dorcas, and the smaller for simple lying-in cases), electric lighting, and the construction of an operating room. It has also been decided to light Stephen and Philip as well by electricity, and so avoid the necessity of having at some future date to put up new fittings, when now one set of mains will do for all three wards.

WE should very much like to have the opinions of our readers as to the value of the columns that appear in each issue under the heading "Hospital News." In our own minds we have our doubts as to whether the space occupied (usually about a page and a half) could not be made more generally useful if filled with other matter. Candidly, we confess that we ourselves have used the information therein imparted perhaps twice or thrice, certainly not more, nor have we ever witnessed any ultra-keen student perambulating the wards GAZETTE in hand, taking stock of all the good things mentioned.

OBVIOUSLY, it is only the medical part of "Hospital News" that can be of any real value to the systematic searcher after knowledge. It is, of course, impossible to record day by day the interesting surgical cases as they come in, and, in most instances, those of most value, *e.g.*, growths, are operated on a few days after admission, and then their interest, to any but those immediately concerned, at once ceases. So we are seriously thinking of omitting in future the surgical part of "Hospital News," unless in the meantime we obtain more evidence as to its being of any use whatever to men at the Hospital. Would all those who wish the column in question retained, drop us a line at once to that effect.

ANENT his Reading at the Crystal Palace on Wednesday next, Sir Squire Bancroft has addressed the following letter "to all and singular":—

18, BERKELEY SQUARE,
November 10th, 1897.

In the hope that you may perhaps be able to do me the honour of being present, and so aiding a good charity, I venture to tell you that I have promised to give my "reading" of Charles Dickens's "Christmas Carol" at the Crystal Palace, in the Opera Theatre, on the evening of Wednesday, November 24th, on behalf of Guy's Hospital.

Believe me, truly yours,
SQUIRE BANCROFT.

Tickets, however, are not selling at the rate they should do, and it will require the hardest of work between now and next Wednesday if the hall is to be well filled.

SINCE our last appearance, three wins have been placed to the credit of the Rugger team, against one very disappointing loss. The victory over Croydon is eminently satisfactory, as the game against these old opponents always is, and was in this case, as keen and vigorous as one could wish to see, approaching somewhat to the style of the Richmond cup ties. Consequently it is very pleasant to find the team playing skilfully and scientifically, instead of, as is usually done in these cases, being bustled and losing their heads. It augurs well for the rest of the season.

WANTED—men to join the Cross Country Running Club with a view to getting together a good team to represent the Hospital next March when the Inter-Hospital event comes off. The hon. sec. informs us that the runs are not as well attended by Hospital men as they should

be, and that consequently Guy's stands in great danger of losing the cup which is at present held, and which has been regarded for some years past as our own peculiar property. The following are the fixtures for this and the next two Saturdays:—

Nov. 20. Five mile open handicap at Chingford.
„ 27. Ordinary run at Chingford.
Dec. 4. Run at Chingford v. Lee Harriers.
Point-to-point race.

Any football men who happen to be disengaged, or who cannot get off in time to play their usual game, will be gladly welcomed.

DAGONET'S remarks, *re* cycling accidents, in a recent number of the *Referee* are really ludicrous in their exaggeration. He states that one of the staff of a great London hospital told him that "the victims of cycling accidents are brought into the accident wards in an almost endless procession from morning till night," and a lot more in a similar strain. Now these are just the sort of statements that the gullible public will swallow without any dysphagic symptoms, and it is pleasing to find a *Times'* correspondent vigorously contradicting the fallacious statements.

THE Volunteer Mess Dinner is to take place on December 1st, at the Holborn Restaurant, and it is hoped that there will be a good muster of members of Her Majesty's forces and others, to ensure a successful evening. Surgeon-Major R. Clement-Lucas, F.R.C.S., will preside, and application for tickets (price 4/6) should at once be made to the secretary, H. Stanley Turner.

CLINICAL lectures by the obstetric physicians are so few and far between, that it is well worth publishing the fact that Dr. Galabin will lecture on Ruptured Perineum, on Tuesday next, at 4 p.m., in the new theatre. Such an important subject, about which information is likely to be of value every day of a general practitioner's life, will, we feel sure, attract a large audience.

WE have been asked to state that it has leaked out that Mr. C. F. Wakefield, whom many will remember, and who at one time filled the editorial chair, is to be married in a week's time, and it is thought that many of his old friends would like the opportunity of subscribing towards a small present that is being got up for him by Mr. H. P. Ferraby, to whom any subscription may be sent.

SIR SAMUEL WILKS has shown us a most interesting illuminated Testimonial that he has just received from all the old Guy's men at present out in New South Wales, to the number of twenty. If possible, we intend publishing a fac-simile of the testimonial, which is really quite a work of art, together with the names of the memorialists.

The Services.

(From our Special Correspondent).

STATIONS OF GUY'S MEN SERVING IN H.M. NAVY.

Bankart, Arthur R. ...	*Surprise* ...	Mediterranean.
Beadnell, Chas. M. ...	*Powerful* ...	China.
Bearblock, Walter J....	*Renown* ...	N. America and W. Indies.
Bennett, William E....	*Wildfire* ...	Sheerness.
Bett, William ...	*Britannia* ...	Dartmouth.
Bidwell, Lawrence ...	*Royal Oak* ...	Mediterranean.
Bowers, Alex. G. W. ...	*Partridge* ...	N. America and W. Indies.
Browne, Robley H. J...	R.M. Depôt ...	Walmer.
Clark, Richard E. ...	R.N. Barracks	Keyham.
Croneen, Sidney ...	On Sick Leave	
Dowson, John ...	*Basilisk* ...	S.E. Coast of America.
Fasken, Edwd. R. D...	*Polyphemus*...	Mediterranean.
French, Alex. M. ...	*Clyde* ...	Aberdeen.
Hughes, John D. ...	R.N. Depôt ...	Portsmouth.
Jones, Harold P. ...	*Grafton* ...	China.
Kelsey, Arthur E. ...	*Daphne* ...	China.
Knott, Thos. H. ...	R.N. Hospital	Chatham.
Lumley, Fredk. D. ...	*Pigmy* ...	China.
McGregor, George ...	*Vernon* ...	Portsmouth.
Maillard, William J....	*Hazard* ...	Mediterranean.
Major, Harold G. T. ...	*Blenheim* ...	Channel Sqdrn.
Marriott, Horace B. ...	*Wild Swan* ...	Pacific (ordered home).
May, Percival M. ...	R.N. Hospital	Hong Kong.
Minter, Ernest D. ...	*Rupert* ...	Gibraltar.
Morley, Edward J. ...	*Pique* ...	China.
Mowislyan, Edwd. P...	*Doris* ...	Cape of Good Hope.
Osborne, Harold R. ...	*Hermione* ...	Channel Sqdrn.
Pryn, William W. ...	*Orlando* ...	Australia.
Randall, Philip N. ...	R.N. Hospital	Ascension.
Reed, John C. G. ...	*Rodney* ...	Queensferry, N.B.
Richards, Norman L...	R.N. Hospital	Plymouth.
Saunders, Everard H.	*Blake* ...	Channel Sqdrn.
Sichel, Gerald T. S. ...	*Gibraltar* ...	Mediterranean.
Stearn, Fredk. C. ...	*Pembroke* ...	Chatham.
Tuck, Ernest S. ...	*Jackal* ...	Coast of Scotland.
Wildey, Alex. G. ...	*Cruiser* ...	Mediterranean.
Williams, Edward H...	*Gibraltar* ...	Mediterranean.

Acute Malarial Fever with "Blackwater Symptoms."

Contributed by H. J. Spon, Medical Officer, British West Charterland, Limited, South Africa.

The two cases, an account of which is given below, were the only ones of malaria showing "blackwater" symptoms in any marked degree, and which occurred among ninety-two under treatment during the course of a severe season extending over the six months ending June 30th of the present year. Case I. terminated fatally; Case II. favourably, the patient having made an excellent recovery.

Case I.—J. M., an Englishman of middle age, had been exposed to the "malarial faint" frequently during more than twenty years' residence in tropical and other climes. In 1875 he had first contracted malaria in Hungary; subsequently he dwelt in Natal, where he had good health and lived "well"; from Natal he went to Ceylon and India; was then on the West Coast of Africa where he suffered from many attacks of malaria, including a very severe one of "blackwater fever," and had also had dysentery very badly; but before his experiences in N'gamiland begun, he had spent several years in the Cape Colony and Orange Free State, during which time he had generally enjoyed good health. He had been in N'gamiland about eight months before his death, and in the latter part of this period had suffered frequently from slight attacks of intermittent fever, and one short sharp attack of acute dysentery from which he completely recovered. The nature of this man's work necessitated much exposure to the sun, and frequent visits to ground which had been newly opened up. He was also fastidious in regard to his food, and often only made irregular and scanty meals. He was thus in several respects a "bad subject" for a fever country.

The illness under notice began with a very mild paroxysm of intermittent fever on June 3rd; the paroxysms continued with increasing severity until the morning of June 7th, until which time the patient had not thought it necessary to send word of his condition. He had worked between the daily paroxysms until mid-day on the 5th, although feeling very "seedy." Practically nothing but tea had been taken in the way of "nourishment" since the 4th, and the patient passed very restless and sleepless nights. He had taken quinine and "opening medicine" on the 5th. On the 6th he seemed to have been very ill and delirious, and during the same night micturition had been copious and frequent. Early on the morning of the 7th, with daylight, he discovered that the urine passed was almost black, "like porter."

June 7th.—I saw the patient at 10.30 a.m.; he was very restless, shivering, and very cold. Anæmia was marked, lips very pale, hands cold. There was slight yellowness of conjunctivæ, tongue clear and moist in front, covered with yellowish-white fur at back of dorsum; bowels confined. Pulse intermittent, irregular and weak. Heart sounds normal, but weak and irregular in rhythm as the pulse. Temperature 100°. Respiration slightly increased. There was nausea and there had been slight vomiting of "watery fluid." Patient had taken Quin. Bisulp. gr. x. in morning; he was now given a little brandy and soda, after which two hours' sleep was enjoyed. Vomiting then set in, and icteric tinge of skin and conjunctivæ was more marked. Vomit was bile-stained. Vomiting occurred three times until 1.30, when temperature was 103.2°. Pulse 104, regular; surface of body dry and hot. Antipyrin gr. xv. was given and there was profuse diaphoresis, which greatly relieved. Urine passed was almost black, acid in reaction and contained a considerable deposit; albumen present. At 4.30 p.m. temperature was 100·2°, and patient was much easier in mind. Bowels were opened by a copious enema of soap. Patient slept well until evening, when another paroxysm of fever set in, the temperature rising to 103·2°. Pulse 90; tongue dry and rough; mind wandering.

During the day Quinine gr. xxx. were taken, and total of bloody urine was about 40 ounces.

8th. Slept well until 4.30 a.m., then woke up cold and shivering; temperature only slightly raised. Thirst extreme, and restlessness of mind and body marked. He was given oatmeal water, brandy and toast water to drink at intervals. At 10 a.m., beef-tea and a biscuit were given but not retained. Urine still continued dark, port wine coloured, was acid and albuminous but diminishing in quantity, and less frequently passed. Vomiting of bilious matter continued almost incessantly and no drugs would check its violence. Jaundice was now pronounced, and patient extremely weak; heart very irregular and beating intermittently. On attempting to stool, there was slight faintness, and condition of patient became grave. Bowels opened freely, a quantity of darkly bile-stained fluid motion escaping. Temperature at 3.30 p.m. was normal. A mustard plaster was applied to the loins and gave some relief. During evening patient was clear-headed and slept on and off. He was fed by the rectum, and quinine gr. xxx (during the day) was taken, part by rectum and part by mouth. Vomiting ceased during the night, but returned with frequency and severity at sunrise on the 9th. Nothing was retained by the stomach; urine passed was alkaline in reaction, but still thick and porter coloured; temperature remained about normal all day, and there was no return of the malarial paroxysms. From this time arsenic was administered in doses of ɱviii. of the liquor ter die. Vomiting gradually subsided until the evening, when about three-quarters of a pint of foul, bright green fluid was brought up. Pulse was feeble and intermittent. Towards night, however, patient improved considerably, the pulse especially becoming steadier and stronger. Patient slept for four hours during the late night.

10th. After 9.30 vomiting ceased entirely, and during the morning the condition of patient showed much improvement. Heart sounds were normal, if weak, and the pulse was stronger and regular. The icteric tinge was diminishing and patient was able to take milk, eggs

and beef-tea by the mouth in small quantities. Temperature remained about the normal; arsenic was borne well. The patient was still very weak, however, and on attempting to stool in the afternoon there was a syncope (heart and respiration completely stopping), and patient was restored only with difficulty by ammonia inhalation and brandy and strychnine injections, hypodermically. The ammonia vapour set up slight irritation in the upper air passages and breathing became difficult for a time. There was, at first, profuse expectoration of thin mucus but no abnormal breathing sounds, and air was entering the lungs well. Patient complained of pain over heart, which appeared to be dilated somewhat, and there was a loud systolic murmur heard all over chest, especially in pulmonary area and in vessels of neck. Sinapism of cardiac region relieved the pains, and the bruit was softer and less noisy. Stimulants were given freely, and patient bore champagne well. Plenty of other fluid—milk and barley-water was given in small quantities frequently. At night pulse was 92, regular; temperature normal. Urine passed since morning was clearer, alkaline, and of a claret colour; albumen no trace; specific gravity 1014.

11th.—Patient secured a little sleep during night and had been fed constantly by the rectum and the mouth and given barley water and champagne (4tis horis). This morning milk and tea were taken well and a saline draught. No urine was passed, however, and the bladder appeared to be empty. Temperature normal; pulse 78, intermittent. Anæmia and weakness still great. In afternoon ʒiij. urine drawn off; it was quite clear, dark straw-coloured, acid, sp. gr. 1012. Albumen present about 1 part per 1000. Towards evening patient became drowsy and restless, and there were slight twitching movements of fingers. Temperature at 6 p.m. was 100·2; pulse 90, regular, strong, and full; respiration 24, noisy. After an enema saponis was given, there was an excessive fluid stool, and some urine was passed at the same time. Temperature then came down to 99·4. Attempts to examine the throat proved unavailing, owing to resistance made by patient, who also was hardly prevailed upon to take medicine or food of any kind, and then only in very small quantities, swallowing seeming to be painful. I now feared œdema of the glottis, but although respiration was laboured and accompanied by continual groaning, there was no sign of much obstruction in the larynx. Later, when patient slept, breathing became easier and quieter.

12th.—In early morning patient was very weak and chilled by the cold winds experienced at that time; he became very intractable, taking food only after much persuasion and at long intervals. At 11 a.m. he became very drowsy, but could answer when spoken to. Pulse 80, regular and fairly strong; respiration 20 and quite easy. He then slept with intervals of great restlessness and some wandering talk.

6 p.m. Breathing became suddenly worse and difficult; air entered lungs fairly well. Respiration 28. A hypodermic injection of pilocarpin nitrate was given, as uræmia appeared to be setting in. There was free diaphoresis and breathing, and general condition improved. Patient was very restless, occasionally shouting out; some twitching of fingers and partial unconsciousness. Urine seemed now to be entirely suppressed, and every effort was made to relieve the kidneys, but without success. The bladder was empty. Tongue became dry and brown, and there were sores on lips. Pupils were normal, reacting to light. Pulse 92, feeble, but regular. During the night weakness visibly increased, and patient died at 5.30 a.m. on 13th, respiration failing first. Death took place quietly, without convulsive efforts. There was complete unconsciousness at the very last.

Case II.—R. B., æt. 38, a German, has lived for four years in N'gamiland, and has suffered from frequent attacts of "fever." During the last rainy season he has had four definite attacts of malaria, including the one under notice which presented the severest features.

Patient began to feel "seedy" on June 17th, feeling faint and shivering at mid-day. The following day he again came over faint about same time; on both occasions this feeling passed off quickly, but he "did not know what he was doing," keeping at work as usual. On the 19th I was sent for at 12.30 p.m. Patient complained of headache and pains in limbs and felt chilly; had been working in sun, and at noon felt as if "going to die." He was feverish, face flushed, and conjunctival vessels injected with blood. Temperature 100·7°; pulse 102 dicrotic. Skin moist. Tongue dry and furred slightly. Appetite had been good and he has eaten well until noon to-day. Hot stage set in about 3 p.m., and temperature reached 102·4°. Surface of body hot and dry; limbs sore and 'aching'; headache severe and throbbing. Purgative and emetic draughts which had been given at once, produced free micturition of dark straw colour, clear, acid urine, and bowels open once copiously. Antipyrin gr. xv. produced free diaphoresis and lowering of temperature. During night patient slept fairly well, in spite of severe headache. In evening Quin. Bisulp. gr. xv. had been given.

June 29th.—Patient seemed almost well, save for headache, and was able to take a little bread and milk and tea. Late in the morning he noticed his water was 'red,' like blood, and he complained of dizziness. At 4 p.m. urine passed was examined, it measured 4 ʒ., sp. gr. 1015, was alkaline, very dark red in colour, but almost clear. Albumen plentiful. Following this was another paroxysm of fever, temperature reaching 103·2°, but fever, remittent in character, moderated quickly, and the next day the temperature became normal. There was slight yellowness of skin and conjunctivæ.

During day total urine passed measured 38 ʒ., it became much darker in colour and there was more deposit and albumen, it remained alkaline, however, which I regarded as favourable. The spleen was felt as a large soft mass well below the ribs in the left side. Ergot. liq. ʒ ss by mouth, and Ergotin hypodermically were given during the day, a mustard plaster applied to loins, and quinine gr. 40 with antipyrin gr. x also administered. At night

an opiate was given. The urine seemed to be less dark. At midnight patient sleeping quietly; temperature 100·4°. A little arrowroot and tea only had been taken.

21st, 6.30 a.m. Patient slept well until this time. He never felt very weak; there was marked icterus. Temperature 101·2°. Pulse 96, regular, soft. Tongue moist, much furred. Urine, port-wine coloured, clear, no deposit, 1015, alkaline, albumen 75. Vomiting of bilious-looking matter set in during morning, but patient was able to retain medicine and beef-tea and bread. He drank plenty of water, and later took milk well. Vomiting occurred at intervals but was not yet severe. At 3 p.m., temperature 100·8° (having risen after remission). Pulse 98, regular, weak. Heart sounds normal. Respiration 24. There was slight diaphoresis. At night temperature regained normal, urine passed was less dark—of a claret colour—and contained less albumen. Patient was brighter and easier. Stimulants (champagne) were given, and an arsenic and iron mixture. Quinine gr. xx., combined with antipyrin gr. 20, taken during the day, but not all retained by stomach. 9 p.m. an enema was given, followed by meat suppository. Total urine 44 ounces.

22nd. Patient very restless and weak. Sulphonal gr. 20 was given at 2 a.m., after about one pint of very green fluid containing shreds and mucus had been vomited. Patient then slept a few hours. Morning urine ʒ13, neutral, light red, clear, albumen one-eighth; jaundice still marked. Vomiting (11 a.m.), about half-pint green, foul-looking fluid brought up. Nutrient suppositories and stimulants with arsenic mixture were taken at proper intervals. 4 p.m., patient improving generally, no vomiting since 11 a.m.; jaundice less, and urine quite pale, red and clear. Beef-tea, egg flip and milk were taken during day and quinine gr. x., antipyrin gr. v. Calomel gr. v., was given to relieve jaundice, and a similar dose twelve hours later. Total urine 48 ounces.

23rd.—Patient had a good night. This morning temperature normal, jaundice rapidly clearing, tongue clear, pale and moist. Urine 36 ounces acid, pink in colour, clear albumen 1 in 12. From this time patient showed no further symptoms of "blackwater" fever, and urine finally became quite normal on 26th, and remained so. There was never at any time the tendency to suppression, so marked in Case I.

On 24th (4.0 p.m.) temperature went up to 99.6° and patient complained of soreness in the mouth and gums; breath was foul, tongue dark, gums soft, with some blue coloration round the teeth. Mastication painful. I suspected mercurialism from the calomel given on 22nd, and on enquiry patient told me he had once before suffered similarly after taking calomel in frequent doses with quinine, during an attack of fever. An astringent gargle and mouth wash of alum was now given, 4tis horis, and Pot. Sod. gr. v. t.d.s., and patient fortunately recovered completely from this unexpected complication. He was at last able to work on July 12th, one month after the onset of his illness. The splenic enlargement noted early in the illness had quite disappeared on recovery.

The Indian Medical Service.

I HOPE you will very kindly spare me space in your valuable columns for a rejoinder to Mr. Burton-Brown's disparaging remarks on the Indian Medical Service, published in the GAZETTE of September 11th. The good name and reputation of the I.M.S. is so well known that it scarcely needs any defence, and I feel such remarks as his can do such a service very little harm. Although giving but a few definite facts (such as fees from wealthy natives are limited by Government to R1000, or about £70), and little information, yet they are calculated to much mislead men as to the prospects and position of medical men in the I.M.S.—of men employed in a service which is still honoured and respected throughout the empire.

Your correspondent has mentioned several disadvantages to the Service, but they seem to me disadvantages chiefly applicable to particular cases, and they could not be said to apply in general to the I.M.S. Such disadvantages as:—one cannot live on one's pay, one cannot get on well with combatant officers (in other words, one's neighbours), one has no time for private study, on account of official work, one cannot nowadays make a large private practice. These disadvantages seem to me to depend on the ability, tact, and capacity of the individual. Ability to live within one's means; tact in dealing with social and official relationships; capacity to seize and make opportunities for work and practice. These disadvantages are even applicable to a certain extent in private practice at home. Doubtless there are many who do not live on their pay or income in England; a few who do not get on well with their neighbours; many who have no time for study, and many who cannot make a large private practice. The other disadvantages to the I.M.S. which he mentions, viz., that the A.M.S. is a superior service, and that leave is difficult to obtain, are of a different nature, and not dependent on the individuality of the man himself.

To begin with the question of pay in the I.M.S., your correspondent states, that the pay, though sufficient with care for a bachelor, is for a married man, for the first six or eight years' service, inadequate, and even then only barely adequate for many years. I would ask your readers to compare the pay of a doctor in a regiment with the pay of the combatant officers with whom he lives. A subaltern for ten years gets R325 a month, for nine years more as a captain, he gets R475. The doctor with a regiment of his own, gets up to five years R450, then for six years more as a surgeon-captain, he gets R600 a month. Thus, a doctor at five years' service gets more pay than a captain at eighteen years' service. How many of the captains are married and a few of the subalterns. Many of them may be in debt, but there are many who are not and who live within their means. It is obvious that the doctor with better pay than either ought to be able to marry and pay his way; and as a matter of fact, there are many who do so.

As regards official friction between medical and combatant officers, I cannot say that I have found such to exist to any appreciable extent, beyond the maintenance of ordinary discipline. I judge from the experience of four different regiments. In the I.M.S. especially, the doctor is allowed a free hand; and the colonel of a regiment seldom interferes with his work, if it is done with quietness and discretion, and he is generally willing to assist in any suggestion for the health of the troops which the doctor makes. Occasionally one hears of a martinet, who rules his regiment with a rod of iron; if he is stringent and particular with his subalterns, he is not likely to be less caustic with the doctor; but these cases are quite the exception. Your correspondent states that service with a native regiment has of late years become so unpopular that every I.M.S. man puts his name down for civil employment directly he arrives in India. If his name is put down directly he arrives, he scarcely has had time to judge of the life in a regiment. The real reason he puts his name down for civil employment directly he arrives, is that civil gives better opportunities, better pay and better work (this he is told before he comes out), and the sooner his name is put down on the civil list, the sooner he gets an appointment.

The private practice of big civil stations is, I believe, not so lucrative as in old days; but the rush and struggle to get these civil surgeoncies is sufficient evidence of their financial value. Many civil surgeons have more work than they can cope with, and it is only to be expected that the educated native should get some of the surplus private practice. (Else why do we educate him.) We cannot expect the country always to remain undeveloped. I feel confident that the officers of the I.M.S. will always hold their own with the natives in private practice, and if we cannot, the sooner we leave the country the better. That private practice is not allowed to jail superintendents and sanitary commissioners is a wise rule of the Government. The M.O.H. of big towns in England are not allowed to take private practice, and the sanitary work of a big province in India gives enough work to claim every minute of a man's time.

That the A.M.S. is far superior in every possible count to the I.M.S. (as your correspondent states) is obviously a matter of opinion. The students from medical schools do not seem to agree with him on this point. Why should there be keen competition for the Indian and next to none for the A.M.S.? If superior, why so many complaints from the A.M.S. about the social and official position, while none rise from the ranks of the sister service? The two services, one with its large civil department, and the other with service in England, Africa, Canada and India, are scarcely comparable.

As regards leave, this certainly the last year or two has been much curtailed. The Indian Government and the whole country have been fighting manfully against plague, famine and rebellion. The stoppage of leave has applied equally to combatant officers, civilians, engineers and doctors. There are times of national danger and distress when we have of necessity to sacrifice our leave and personal interests to maintain the integrity of the empire. A sacrifice for such a cause should not be hard to bear.

Out here we are busy attending the sick and wounded of those who are fighting on the limits of that empire, we scarcely have time to enter into a long controversy on the advantages and disadvantages of the I.M.S. The Service, fortunately, stands so sure that it needs little defending; but there is no walk in life which has not some disadvantage. Those of a tropical climate and a falling rupee are only too obvious. Fate, too, may not have been kind to us in the matter of health, or may have given us a bad station, we are then apt to make disparaging remarks on the Service, and we speak of India as "the land of regrets," and regret that we did not stay at home and go into private practice. We have visions of English meadow-lands and homely firesides, but we forget the sterner side of the struggle for life at home, the long patient waiting for the West-end practice, the cold bleak driving in the middle of winter, the incessant toil, the uphill bills, the uphill path. Most I.M.S. men, however, are well content. Many a one, as he has sat round the camp fire after a long day's shooting in the hills, or has sat under the punkah after a hard day's polo in the plains, has given a thought to the struggle of competition at home, and is glad he is well out of it. To me the danger to the I.M.S. seems not to be in discontent, but that its members, with the knowledge of a certain monthly income and an assured pension, may rest too content; and that not stirred by the stimulus of competition, they may let professional zeal and patient hard work—the passport of success—pass silently without an effort from their lives.

In my article on the I.M.S. which you kindly published on August 21st, I felt that there was a possibility that loyalty to the Service might cause me to give too favourable an impression of Indian life. With this thought in my mind, I tried not so much to state the advantages of the I.M.S. but to make a plain statement of facts concerning the Service—the pay, number of professorships, number of civil surgeoncies, pensions, etc.—such information as I thought might be useful to Guy's men. These facts are written down in black and white, and no discouraging remarks on other aspects of the Service can detract from their value. I hope that they may have met the eye of some intending candidate and that they may have been of some use in giving information and guidance.

Kurram Valley, Punjab.

G. T. BIRDWOOD, M.D., Surgeon-Captain, I.M.S.

Papers by Guy's Men.

Some Intestinal Experiments: a Rapid Method of Enterectomy. By H. Martyn Jordan, F.R.C.S. Eng.—*Lancet*, Oct. 30th.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

Guy's Hospital London University Club.

SIR,—May we use your pages as a medium to inform all those graduates or undergraduates who wish this year to join the Guy's Hospital London University Dining Club, that the committee meeting, at which their nomination should be made has been fixed for November 29th, so that they will oblige us by sending in their names to us as soon as possible. We shall be pleased to supply all information to anyone wishing to join, who has not recently received a circular.—We are, yours faithfully,

J. H. BRYANT, } Hon. Secs.
C. H. FAGGE, }

The Football Cap.

DEAR SIR,—With regard to your remarks as to a Footer Cap, it may interest you to know that since 1886 there has been a recognised cap. At a general meeting of that year, the following motion was proposed:—"That all men who play in the Cup teams should wear a distinctive cap, the pattern to be decided by the committee and the expense to be defrayed by themselves. This cap must not be given unless the player has played in at least half the 1st XV. matches."

In December of the same year the pattern of the cap was chosen as follows:—"Dark blue velvet, gold binding and tassel, Guy's badge, no date."

There is no rule in the minute book nullifying these resolutions, so there is no apparent reason why members of teams for the last ten years, who have fulfilled the conditions, should not get caps.

It seems only fair that the 2nd XV. should also have a cap. This, however, can only be granted after a general meeting. As to honour caps, it seems that they are unvalued solely on account of their ugliness. Whether they should be abolished or not, depends on the opinions of members of the club next general meeting.—Yours truly,

H. V. BAGSHAWE.

The Gymnasium.

DEAR SIR,—As the committee of the Students' Club have recently decided to close the gymnasium between the hours of 10 a.m. and 3 p.m., it was thought advisable to explain to the members of the club in general their reasons for such a step, and it was thought that it would be better if such an explanation came from members of the committee not connected with the gymnasium.

For some time past the breakage of Indian clubs, punching-balls. etc., has been far greater than a legitimate use of such material would account for. The amount of glass broken has also caused a very considerable increase in the expenses of the gymnasium, and the rule that no one should wear boots when exercising in it has been consistently ignored. Most of the damage done has been caused by playing "stick-cricket," in spite of members having been frequently told that this is not allowed.

All conceivable means have been adopted to put a stop to such abuse of Dr. Pavy's generous gift, and have failed. It was, therefore, resolved that the only way to bring prominently to the notice of members in general the damage that has been inflicted would be to lock the gymnasium, except during certain hours. When members realise how much harm has been done, doubtless through thoughtlessness, and how important it is that we should not allow the gymnasium to become a sort of lumber room, they will, by adhering to the rules and by seeing that other members adhere to them, soon enable the committee to re-open the gymnasium, as without the co-operation of all members it is quite impossible for the Gymnasium Committee to prevent the damage which has been done lately.—We are, etc.,

F. S. BATCHELOR, } Members of the
A. J. CLEVELAND, } Committee of the Students' Club.

Guy's Hospital Students' Club.

THE October general meeting was held on Monday, November 1st, 1897, Dr. Pye-Smith (president) in the chair.

The balance sheet was laid before the house by the honorary treasurer and approved by the meeting as correct. The treasurer then proposed that the alteration in Rule 22, already approved by the committee, should be adopted. This proposal was duly carried. The rule will now read as follows:—"The fives court is open for the use of members subject to the bye-laws and to the following provision: that the resident staff have the prior right to the use of the court after two p.m. on Saturdays," and so on as before. This having concluded the business, the meeting was adjourned.

The committee intend shortly to make several alterations and additions much required in the club, including the re-lighting of the reading room.

The committee hope that the members of the club will at all times do their best to prevent any damage being done to the furniture or properties in the club rooms and gymnasium. The club is one of the most expensive of the constituent institutions of the Union, and it, therefore, behoves all members to do their best to prevent any unnecessary damage, and consequently increased expenditure in the club.

JOHN FAWCETT, Hon. Sec.

BALANCE SHEET.

Statement of Receipts and Expenditure from September 1st, 1896, to August 31st, 1897.

RECEIPTS.

	£ s. d.	£ s. d.
Sept. 1st, 1896.		
To Petty Cash, balance in hand ...		1 7 11
Aug. 31st, 1897.		
To Cash received, per Clubs' Union Account—Rent ...		147 2 3
Grant ...		170 0 0
„ „ On Library Account—Deposits ...	5 5 0	
Papers ...	1 18 0	
Fines ...	0 17 2	
		8 0 2
„ „ Pavy Gymnasium—Surplus ...		0 12 8
„ „ Sale of wine, beer and tobacco ...		492 5 11
		£819 8 11

EXPENDITURE.

	£ s. d.	£ s. d.
Sept. 1st, 1896.		
By Balance, due to bank		27 15 1
Aug. 31st, 1897.		
By Cash paid Newspapers, magazines, etc. ...	36 6 4	
„ „ Printing & stationery	3 8 0	
„ „ Sundry disbursements	17 7 9	
		57 2 1
„ „ On Gymnasium Account—Honorary Secretary	20 5 0	
Cleaning & lighting	7 16 0	
		28 1 0
„ „ On Library Account—Mudie's subscription	5 5 0	
Librarian	12 0 0	
Deposits returned ..	6 16 6	
		24 1 6
„ „ Rent Account ...	33 18 0	
„ „ „ ...	113 4 3	
		147 2 3
„ „ General repairs ...		3 19 6
„ „ Assurance		0 12 0
„ „ Cost of wine, etc., etc.	328 10 0	
„ „ Steward's allowances	163 15 11	
		492 5 11
By Cash balance at bankers ...	38 4 4	
„ Petty cash balance in hand ...	0 5 3	
		38 9 7
		£819 8 11

Audited and found correct on behalf of the Clubs' Union. (Signed) E. IVENS SPRIGGS.

October 14th, 1897.

The Physical Society.

AT the pathological evening of the Physical Society, held on November 13th, Mr. Philip Turner in the chair, some forty members were present. After the minutes of last meeting had been read and confirmed, the following specimens were shown:—

Mr. Roberts.—Cancer of pylorus.

Mr. Batchelor.—Tuberculous gland ulcerating into trachea and blocking both bronchi.

Mr. Rowlands.—Compound fracture of tibia. Immediate wiring. Excellent union at end of twenty-eight days.

Mr. Targett.—Rupture of uterus into left broad ligament.

Mr. Fremantle.—Large subdural hæmorrhage. Knee-joint showing chronic arthritis, probably tuberculous, with early rheumatoid arthritis.

Dr. Bryant.—Primary carcinoma of liver.

Mr. Targett.—Thrombosis of ovarian and pelvic veins after abdominal hystrectomy for fibroids.

Mr. Turner.—Gumma of the heart.

Mr. Howard.—Aneurysm of aorta opening into trachea.

Chapel News.

(CONTRIBUTED BY THE CHAPLAIN.)

The Advent preaching arrangements are as follows:—

SUNDAYS—

Nov. 28. (11 a.m. / 7 p.m.) Sermons and Offertories for the St. Andrew's Waterside Mission.

Dec. 5.—11 a.m. The Rev. W. J. Stobart, Vicar of St. Augustine's, Bermondsey.

7 p.m. The Rev. R. B. Ransford, Vicar of St. Paul's, Penge.

Dec. 12.—11 a.m. The Rev. T. C. Johnson, Vicar of St. Katharine's, Rotherhithe.

7 p.m. The Rev. J. G. H. Llewellyn, Vicar of St. Matthew's, Stepney.

Dec. 19. (11 a.m. / 7 p.m.) The Chaplain.

TUESDAYS—

Nov. 30. / Dec. 7. / Dec. 14. — 8 p.m. — A Course of Sermons by the Rev. A. W. Robinson, Rector of All Hallows, Barking.

From the Gazette's Special Pathologist.

NOTICES.

J. E. C., FULHAM.—Klebs-Löffler bacilli are present on the cultivation.

R. D. E., LLANDILO.—No tubercle bacilli could be found in the sputum.

E. G. M., READING.—Reaction acid. Sp. gr. 1016. Albumen, a small amount. The centrifugalized deposit contains a few hyaline casts, with some crystals of calcic oxalate and stellar phosphates, and a few red blood discs. There is no evidence of malignant growth in kidney.

J. D. H., CROSTON.—There is no organized tissue in this specimen. It is entirely composed of blood clot.

A. R. F., ST. LEONARDS.—No Klebs-Löffler bacilli could be found on the blood-serum after incubation.

O., BLECHINGLEY.—Klebs-Löffler bacilli are present on the blood-serum after incubation.

PATHOLOGIST.

Viva Voce.

FINAL EXAMINATION OF THE CONJOINT BOARD.

Clinical Examination in Medicine.

Candidate was shown a boy lying with trousers and boots on, wrapped in a blanket, on a table. He was given ten minutes in which to examine the case in the absence of the examiner. The boy was aged seventeen; gave a history of rheumatism, recurring frequently during the last two years. The present attack had lasted three weeks. The only signs remaining were an aortic regurgitant murmur and breathlessness on exertion.

At the end of ten minutes the examiner returned and discussed the case with the candidate for an equal space of time, putting the following questions:—What is the case? By what signs do you conclude that is so? As to aortic murmurs, how are they conducted; why so; which is the commonest? Is there in this case any further disorder than regurgitation? If there were, what signs besides those of auscultation would lead you to suspect so? As to the pulse, then, feel it? Describe it? When you say it is full and moderately bounding, is it typical? How does that help with a view to stenosis? What do you mean by calling the pulse full? What by bounding? Is it correct to say that the pulse is full in aortic regurgitation? Is it fuller or not in stenosis? (Strolling to the window). What is the commonest cause of death in aortic regurgitation? Why does syncope cause death? What else may cause death?

A second examiner took candidate to a woman of 35, standing up with a shawl over her shoulders, and asked him to diagnose the case by sight. It was a well-marked case of exophthalmic goître, with protuberant eyes and a large symmetrical swelling in the neck. The examiner asked what other sign would be present? Was the pulse, then, typical in this case? In what way was it not typical? What other signs might be present? . . . . Well, for instance, about the eyes? (Von Græfe's sign. Absent in this instance). What else? (Nystagmus was wrongly mentioned in answer; but the case showed this sign markedly). What other sign might occur? To what was this mark due when he drew his finger-nail sharply across the chest? What other sign; . . . . for instance by pressure on the trachea? What sign severer than that of bronchitis? What effect on the alimentary canal? What commoner than dysphagia? (Diarrhœa). What effect on the genital organs? Menstrual trouble was rather a broad term, was it not? What form would it take? Perhaps menorrhagia; and probably dysmenorrhœa also, eh? What effect on the heart? (Regurgitation). What else? What about tremors? What were their characteristics? Were they indeed not well marked in this case? Were they not easily noticeable from one side?

Then candidate was shown an old lady with what must have been a very mild attack of rheumatism in the knees. There were few signs, so that he made the mistake of trying the knee-jerks, and was unable to give a diagnosis until the examiner had asked a few leading questions.

At last, after half an hour's viva voce, candidate was conducted to a table and given 15 minutes by himself in which to write out, "A prescription, diet and general directions as to treatment for a man of forty with delirium tremens."

On the whole the candidate's faults, though extensive, were mostly of omission. With care it would seem tolerably easy to avoid blunders, which are fatal, and to a certain extent to conceal ignorance, which, even if discovered or confessed, is not very harmful.

(To be continued.)

Sport.

Association Football.

GUY'S 2nd XI. v. CROYDON PARK 2nd.

This match was played at Honor Oak on Saturday, November 13th. Croydon kicked off, against the wind, from the pavilion end. Guy's at once pressed, and Ash scored with a good shot, which the goalkeeper carried through. Croydon Park soon after equalised, through a bad miss by one of our backs; thence till half-time the game was fairly even, Ash adding another goal. Half-time score, Guy's 2; Croydon Park 1. On resuming, our men completely outplayed their opponents, and four more goals were put on, Edmonds 2, Ash 1, and Greenfield rushing one from a melee, the final score being 6–2. Of the forwards, Hughes and Ash were the pick, the latter shooting well. The halves were the mainstay of the team Greenfield especially playing well. Team:—

Guy's.—T. R. Beale-Brown (goal); T. G. Miles, F. M. V. Smith (backs); H. Tipping, D. G. Greenfield, L. G. Nash (half-backs); P. W. L. Camps, L. J. Hughes, J. R. Ash, —. Edmonds and L. Card (forwards).

Rugby Football.

GUY'S v. CATFORD BRIDGE.

This match, played at Honor Oak on November 6th, resulted as usual, in the defeat of the Hospital. The better side undoubtedly won, and the score, six points to three, about represents the inferioity of the home team. There was not one inspiriting piece of play during the whole course of the match; the weather was sleepy, the spectators sleepier, and the players sleepiest of all. There were about 400 unenthusiastic persons present.

Thomas kicked off for Guy's from the pavilion end, and play settled down for some time in the visitors' territory, a dreary succession of scrums being the only

feature worth recording. The visiting forwards then woke up, and did pretty much as they liked until, taking advantage of the dreamy tactics of the Hospital men, they registered their first try. No goal resulted, and the sides crossed over with Catford leading by three points.

In the second half Helder, for the visitors, was allowed to run in unopposed from half-way, but the kick at goal again failed. Our men improved towards the close, and Clarke got over; but the effort came too late, and the game ended as stated above.

We do not remember ever to have seen a worse game, and we sincerely hope that in future our representatives will take matters a little more seriously. Where everything was so bad it is hard to criticize shortly, but the following points were perhaps most noticeable :—

(1) The forwards did not push at all. They merely leant against the opposing eight, and consequently were pushed all over the field. They were also very slack out of touch; each must mark his man. One forward in particular was shirking his work in the scrums, and in the open was almost invariably in front of the ball. Of course, the pack must have someone to lead, but the leader would do well not to too closely imitate his gallant prototype of a forlorn hope, desperately charging far ahead of his men—without the ball.

(2) The three-quarters rarely made any headway at all; and in addition to passing badly, invariably knocked on if they had the chance.

(3) Our full-back sometimes gives us the impression of being first-rate; but when there is any tackling to be done we at once recognise a very weak point. If we remember rightly, this was not the case last season, and we hope that he will soon recover his form. Until he goes low and hard for his man, we shall run many risks of defeat. Team :—

Guy's.—A. C. Ransford (back); F. L. Rae, H. N. Clarke, C. T. Pye-Smith, F. W. Sime (three-quarter-backs); F. C. Wetherell, M. C. Wetherell (half-backs); F. G. Gibson, D. H. Trail, A. A. Smith, R. C. Mullins, A. J. Cutler, T. P. Thomas, A. H. Wall, R. C. Lawry (forwards).

GUY'S v. ROYAL ENGINEERS.

This game was played at Chatham on Wednesday, November 10th, and resulted in a good win for the Hospital by three goals and three tries.

For the first quarter of an hour the game was very scrambling, and distinctly in their favour. After that, the forwards got together and broke away with a good round of passing, taking the play into our opponents' twenty-five. Thomas was conspicuous for good foot work. Shortly after this, the elder Wetherell scored after a pretty individual effort, eluding four or five of the opposing backs. From this Cutler landed a goal. Nothing further was scored till half-time, though Sime made a couple of good runs, but was held up.

In the second half, our forwards fairly broke up their opponents'defence, and, the outsides combining well, five tries were scored; one was converted by Cutler and another by Thomas—an excellent kick from the touch line Tries were scored by Rae (2), Hilton, Mullins and Trail.

Remarks.—A vast improvement was shown on last Saturday's form, the forwards packing and heeling well. At three-quarter, Hilton failed to take his passes at centre, but showed better form on the wing, his try being a smart effort. Sime was quite good in the centre, breaking through well. He will, no doubt, quickly learn when to pass. Rae was good, at times brilliant, taking his passes and fielding very well. Pye-Smith was safe, but must learn to get his man on the move before giving him the ball. The halves are playing very well together, and are a very dangerous pair. Ransford, at back, must get fit; he was slow at getting to the ball; his tackling must be hard and low. His kicking was good.

The team was as follows :—

Guy's.—A. C. Ransford (back); F. L. Rae, F. W. Sime, C. T. Pye-Smith, C. T. Hilton (three-quarter backs); F. C. Wetherell, M. C. Wetherell (half backs); F. G. Gibson, D. H. Trail, A. A. Smith, R. C. Mullins, A. J. Cutler, T. P. Thomas, A. H. Wall. H. V. Bagshawe (forwards).

GUY'S v. CROYDON.

We are pleased to be able to record a very creditable victory for the Hospital in this match, played at Croydon on Saturday last. The result was the more gratifying by contrast with the defeat suffered in the previous week at the hands of Catford Bridge, and gave evidence of return to the good form displayed earlier in the season.

Thomas kicked off against the wind, and the game at once became very fast and interesting, though not particularly scientific. The Hospital forwards time after time made hot onslaughts on the home goal, but were driven back by good kicking on the part of the Croydon backs. At length Wetherell found an opening, and drawing his men very cleverly, handed on to Sime, who forced his way over between the posts. Cutler succeeded in converting. Up to half-time, Guy's continued to have the best of matters, but no further addition was made to the score.

Playing with the wind in the second half, our forwards, aided by judicious kicking on the part of the backs, again pressed repeatedly. Wetherell tried a drop at goal, and Thomas had two unsuccessful shots from penalty kicks. The home team then played up very hard, and for about ten minutes the Croydon men made tremendous efforts to get through, but our defence was equal to all demands. Towards the close, Guy's again pressed, and Wetherell and Hilton were both pulled down close to the line. However, no further score was registered, and Guy's retired winners by one goal to nil.

The forwards, splendidly led by Mullins, completely outplayed the opposing eight. Whether dribbling, heeling out, or tackling, they were equally brilliant, and to a man worked well in the scrums. Mullins, Traill, and Cutler were perhaps the best, but they all knew and did their share of work.

Sime did well in his new position, but we are inclined to think that his great pace would be more effective on the wing. Rae has developed into a first-rate three-quarter, his tackling being now very good indeed. He had not many chances of showing his running capacity in this match, but we all know him for a brilliant sprinter. Pye-Smith will be a very good centre with more experience, as he runs very straight and kicks and tackles well. Hilton was evidently suffering from nervousness, but has plenty of pluck. We doubt, however, whether he is worth his place. He certainly ought to have scored on one occasion if he had not hesitated. He is inclined, too, to overrun his centre.

Wetherell is invariably good, and on Saturday excelled himself. It was certainly not his fault that the score was not larger, and his brilliant opening, which led up to Sime's try, was an excellent piece of good judgment. Despite the off-side tactics of his opponent, he generally managed to get the ball away, and his kicking was very useful.

Walker, too, played more coolly, and consequently better, than usual, getting in several very pretty and effective punts. Ransford luckily had no tackling to do, and his kicking was, as usual, fairly good. Team :—

GUY'S.—A. C. Ransford (full-back): F. L. Rae, F. W. Sime, C. T. Pye-Smith, C. T. Hilton (three-quarter backs); F. C. Wetherell, F. E. Walker (half-backs); F. G. Gibson, H. V. Bagshawe, H. D. Traill, A. A. Smith, A. H. Wall, R. C. Mullins, A. J. Cutler, T. P. Thomas (forwards).

GUY'S 2ND v. KENSINGTON 2ND.

This match was played at Wood Lane on Saturday, November 6th, and resulted in a win for us by two tries. The ground was a very poor one, and there was only five yards of ground in play behind the post, and this lost us three tries. Guy's kicked off, and immediately began to press. Jackson scored far out on the left, after a series of scrums in which Guy's had all the best of it. The kick failed. During the rest of the first half Guy's continued to press, and the line was crossed twice more but taken over the dead ball line every time. During the second half, Guy's pressed the whole time, and were unlucky in not scoring more, as although the line was crossed three times Jackson's was the only try allowed. The kick again failed. Time was called soon after, and a scrambling onesided game resulted in a win by two tries to nil. Team :—

GUY'S.—F. G. Rashleigh (back); T. Morgan, J. H. Wilks, G. Evans, J. H. Pearse, (three-quarter-backs); C. T. Hilton, F. D. S. Jackson (half-backs); F. Featherstone, M. D. Wood, P. T. Manson, A. W. Gater, D. P. Watson, K. V. Trubshaw, —. Edwards, C. F. Watson (forwards).

GUY'S 2ND v. ROSSLYN PARK 2ND.

This match was played at Honor Oak Park, on Saturday, November 13th. Guy's, losing the toss, started against the wind and immediately showed their superiority. A series of loose scrums took place in the Rosslyn Park twenty-five, from one of which Hughes passed out to Wilks who scored rather far out. Morgan failed with the kick. After the drop out, Guy's immediately began to press again. Hughes getting the ball from a scrum close to the Rosslyn Park line scrambled over. The try was converted by Morgan. Guy's continued to press, but were unable to score, owing to the attack being broken by the play of our halves, who continually passed over their heads to the feet of the three-quarters. Soon after half-time Hughes, having hurt his thumb, changed places with Jackson. The forwards, who were playing well generally, got the ball and gave the backs plenty of chances, and it was not long before Clarke by good runs added two more tries to our score, neither of which were converted. Immediately before time was called, Jackson, who was playing a good game at half, passed to Clarke, who transferred to Wilks, and he scored close to the touch line. The kick failed, and the whistle blew, leaving Guy's winners by one goal and four tries (17 points) to nil. Team :—

GUY'S.—G. Evans (back); F. D. S. Jackson, T. Morgan, H. N. Clarke, J. H. Wilks (three-quarter-backs); J. P. Hughes and L. Pern (half-backs); R. C. Lawry, F. Featherstone, G. Shorland, M. D. Wood, P. T. Manson, D. P. Watson, K. V. Trubshaw, C. F. Watson (forwards).

GUY'S 3RD XV. v. COURT HILL "A."

Played November 13th. Court Hill being two short, Parrott and Shannon played substitutes, both playing well. From the kick off a scrum was formed on the twenty-five line, and from the heel out J. T. Hicks scored and Dadd converted. Court Hill played up, and by shoving and rushing well, penned us on our line for some time and scored twice between the posts, both being converted; the forwards playing shockingly badly and the outsides tackling badly. Towards the end of the first half Guy's began to hold their own, and letting the ball out better, two tries were scored. After half-time the forwards got together and the tackling improved, C. E. Hicks and Ring scoring on the extreme left and right, one of which was converted by Brydone. Result, Guy's 3rd, two goals three ties to two goals. Ties by C. E. Hicks, J. T. Hicks, Willan, Brydone and Ring.

REMARKS.—Dadd and Beattie played best out of a rather rambling pack, Collier showing improvement. Willan got the ball away, but must mark his man, and not separate himself from his three-quarters when attacking. Scott-Dudley and Hicks, in the second half, tackled with considerable dash, but must learn to pass low and straight. Jupp collared brilliantly throughout. Team :—

GUY'S.—C. H. Jupp (back); C. E. Hicks, Dudley-Scott, J. T. Hicks, C. E. Ring (three-quarter-backs); G. T. Willan, J. M. Brydone (half-backs); J. W. Dodd, F. Beattie, —. Nunn, M. A. Collins, J. W. Jones, E. S. Littlewood, —. Tweenie (forwards).

ED.—F. E. W.

Calendar of Coming Events.

December.

Sat. 4.—Mr. Lucas's take-in; Drs. H. L. Eason and L. H. McGavin; Cl. R. T. Fitz-Hugh.
1.15 Clinical lecture by Dr. Pye-Smith.
G.H.R.F.C., I., Blackheath, away (combined with St. Thomas's).
II., Kensington, home.
G.H.A.F.C., I., Eastbourne, away.
II., St. Mary's Hospital II., home.
G.H.H.&H., Ordinary run.

Mon. 6.—Exams. for M.D. and M.S. Lond. begin.
Last day for applying for House appointments from January 1st to June 30th, 1898.

Tues. 7.—Mr. Rowell's Demonstration on Anæsthetics, 12 noon.
January Appointment List closed.
Exam. for B.S. Lond. begins.
Last day for sending in Fees and Certificates for first, second and third M.B. Camb. exams.

Wed. 8.—1.30 Clinical lecture by Mr. Howse.
Mr. Golding-Bird's take-in; Drs. R. H. J. Swan and F. D. Turner; Cl. W. Musselwhite.
G.H.A.F.C., I., Civil Service, away.

Thur. 9.—G.H.C.U., Address by Rev. E. Rae.

Fri. 10.—Application to Medical Office for Schedules for the first and second Conjoint exams. not later than this date.

Sat. 11.—1.15 Clinical lecture by Dr. Pye-Smith.
G.H.R.F.C., I., Coventry, away.
II., L. & W. Bank, home.
G.H.A.F.C., I., Old Cranleighans, home.
II., Kenley II., away.
U.H.H.&H., Lea Harriers, Point-to-Point race.
G.H. Physical Society, Paper by F. D. Turner on "The Serum Treatment of Diseases."

Mon. 13.—Last day for applying to Registrar for Form of Entry for Preliminary Scientific and Intermediate M.B. Lond.
Cambridge first and second M.B. exams. begin.

Tues. 14.—Cambridge third M.B. exam. begins.
Mr. Rowell's Demonstration on Anæsthetics, 12 noon.
Exam. in Metallurgy first year's Dental Students, 2 to 4 p.m.

Wed. 15.—1.30 Clinical lecture by Mr. Howse.
Mr. Howse's take-in; Drs. W. L. Baker and J. Matthews; Cl. A. E. Porter.

Thur. 16.—Christmas exams. for first and second years' Students begin.
G.H.C.U., Devotional Meeting.

Fri. 17.—Schedules for Final Conjoint exam. to be left at the Medical Office not later than this date.
Christmas exam. in Anatomy first and second years' Students.

Sat. 18.—Lectures cease.
G.H.R.F.C., I., London Scottish, away.
G.H.A.F.C., I., Beckenham, home.
G.H.H.&H., Paper Chase. The next meet will be on January 8th, 1898.

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Guy's Hospital Gazette,

DECEMBER 4, 1897.

Diabetes.

TWO CLINICAL LECTURES BY DR. HALE WHITE.

GENTLEMEN,—The subject for the lecture to-day is a woman in Clinical, aged 32, who was admitted for thirst and loss of flesh. There is not family history of insanity or diabetes. Last June she began to be thirsty and to pass much urine, but not until a few weeks ago did she see a doctor.

On admission.—She complains of cramps in the legs and fatigue, and she is not excessively hungry. Her skin, lungs, and eyes are healthy. The only symptom is in the urine. On the first four days after admission she passed successively 90, 80, 100, and 99 ounces of urine, the specific gravity in each case being 1045, and the sugar 2000 grains a day. She is on full hospital diet, yet she passes more than the normal amount of urea for a healthy working-man, viz., 630, 480 and 730 grains a day. The diagnosis diabetes is very easy.

Diabetes is a disease characterised by the continual passage of grape sugar after only a moderate amount is taken. For the disease to be diabetes, the excretion of sugar must be (1) continual, and (2) the sugar excreted must be grape sugar.

(1.) With regard to the persistence of the excretion, a transitory excretion of grape sugar may occur in the old gouty, wealthy person who eats too much. Eating too much sometimes prevents the carbohydrates from being turned into glycogen, hence their appearance in the blood and excretion in the urine. This power of forming glycogen from the carbohydrates becomes lost in old people, therefore every time they over eat they have transitory glycosuria. There is no special treatment.

Another cause of temporary glycosuria is cerebral tumour. A case occurred in 30 Stephen, in which the tumour was thought to be near the medulla, and in consequence to interfere with the functions of the vaso-motor centre, whereby more blood was sent to the liver, causing more carbohydrates to be turned into the blood, and from thence into the urine. Concussion occasionally causes a temporary glycosuria. Anyone may get a transitory glycosuria by having a carbohydrate debauch. Neglect of the fact that it must be grape sugar that is passed in the urine for the disease to be diabetes, has caused heaps of mistakes in diagnosis. No drugs are known to produce glycosuria. Glyconic acid when present in the urine reduces the copper solution. If the copper solution is reduced, always use phenal hydrazine or other test besides. Many women, especially when suckling, pass lactose in the urine, but have no symptoms of glycosuria.

Diabetes is a very old disease, it was known to the Egyptians and Greeks, but the sugar in the urine was first detected by Wallis, an English physician. Diabetes is commoner in Jews than in other people, and in men than in women, in the proportion of three to one. It occurs chiefly between the ages of 40 and 60. When it occurs in the young, the prognosis is very grave. It is not a disease of the poor, but of the rich and of those who are obese and gouty—a man aged 50 weighing 14 stone with gout or gouty parentage.

There are at present two sub-divisions of the disease recognised—(1) Diabetes with disease of the pancreas; (2) Diabetes without disease of the pancreas.

In the dog, if the pancreas be completely excised, diabetes occurs, but if some of the gland be left or be planted under the skin, diabetes does not occur, but if this piece be again removed, diabetes occurs. In the Guy's post-mortem reports for twelve years, 99 cases of diabetes occur, of which only 16 had disease of the pancreas. The only thing known about this is, that if the case be a rapid one, it is more likely that the pancreas is diseased than if it be a slow one.

Symptoms of diabetes.—(1) Grape sugar in the urine—it may be only a few grains (40 to 60 a day) or it may be two pounds. *Test.*—Use the copper solution in the ordinary way. The copper solution must be freshly made. An old solution is almost sure to give a red precipitate whether there be sugar or not. Most general practitioners make the solution once a fortnight, or instead of this, pellets may be used. These will keep good for a few months. The quantitative test is very liable to give incorrect results except in the hands of experts. It requires training to know when the colour goes. Most carbohydrates increase the sugar, which, if the case be a bad one, is out of all proportion to the amount taken. In one case in the wards on one occasion a little marmalade was taken. This sent the sugar up for a whole week. All carbohydrates send up the sugar, but lævulose does so less than the others. Lævulose is a syrupy liquid and can only be drank. It may be given if the patient has a craving for carbohydrate food. Inulin, the starch of the dahlia tuber, is converted into lævulose in the body. Dahlia tubers have rather an acid taste, and may be cooked like potatoes. They were once a fashionable article of diet in France. Exercise diminishes the sugar; indigestion also does so in consequence of non-absorption. Any specific fever, *e g.*, typhoid, will reduce the amount of sugar; when the temperature goes up the sugar disappears.

(2) *Polyuria.*—The amount of urine passed may be from four or five to thirty pints during the twenty-four hours. Early in a case polyuria may exist without glycosuria. Towards the end of a case, if patient is going to die of coma, sugar disappears and polyuria remains, so that if in a case sugar disappears, expect coma shortly. The large amount of urine passed causes thirst, dry skin, and the blood to be thick at a post-mortem.

(3) Nitrogenous products are increased in the urine—urea, creatin and creatinin—because of the body waste and meat diet. Acetone and acetic acid are found in the urine. Acetone is found in the urine of the starving, it indicates great bodily break down. The test is ferric chloride, which gives a Burgundy red colour. Oxybutyric acid is stated to be commonly present in the urine when patient is about to die from coma. Some have albuminuria, many die of interstitial nephritis, but old people often have interstitial nephritis, and diabetes occurs in the old.

(4) The specific gravity is about 1050, because the urine is more or less syrupy. If there is a low specific gravity urine there is probably no diabetes at all; sometimes towards the end of a case you may get diabetes with low specific gravity urine, polyuria and a little sugar would cause it, the specific gravity being merely the balance between the solids and the fluids.

(5) People with diabetes waste a good deal, the reason being that they pass a large quantity of sugar which in a state of health would be used up in the body, and do not take up sugar to compensate. The following figures are an example :—

A woman needs energy equal to	1925 calorics
Her daily food equals	2293 „
She passes 141 grains of grape sugar, equalling	578 „
Leaving	1715 calorics

which is not nearly enough for daily wants.

(6) There is hunger, a demand for food giving energy.

(7) The tongue is red—a valuable sign in prognosis.

(8) *Coma.*—Every diabetic person dying of coma does not die of diabetic coma, but the majority do. Some people drag on for a few years with constant sleepiness; if the coma be deep and dangerous the pupils are dilated, the inspirations long and deep, and the breath has an odour of acetone. You can tell if coma is coming on. If a patient has gastric pain and symptoms, vomiting and diarrhœa, he will probably be comatose in a few hours. If you would ward off coma, avoid all excitement, let the patient live an old maid's life in the country, an as invertebrate and placid a life as possible; a railway journey will often bring on coma. The effective treatment of coma is unknown; to flick up a patient, transfuse with saline solution in the ordinary way, when the patient will be able to regain consciousness and to converse for half-an-hour or more, is the usual method.

Complications—General pruritis. Boils and carbuncles cause death in four to five per cent. of cases; gangrene in extremities, bad circulation; teeth decay, there is inflammation about the mouth. From one third to one quarter of those who die of diabetes have phthisis, the tubercle bacilli are hard to find in the sputum, but are found in enormous number in the lungs at the post-mortem. There is liability to degenerative arterial change and to cardial hypertrophy. Sexual and all other physiological functions diminish. There is liability to cataract, retinitis, optic neuritis, and amphiobia, the latter with no organic change.

Peripheral neuritis occurs in very few cases. Knee-jerks are absent in about half the cases; this is of no prognostic importance, the reason of their absence is very obscure, and has probably no connection with peripheral neuritis, as the latter is very rare.

Post-mortem.—Blood is sugary and very thick in rare cases, a quantity of fat is found in the blood and still more rarely in the urine. The kidneys are enlarged, the bladder occasionally. The pancreas is diseased sometimes.

Pathology.—Excluding transitory glycosuria, the only thing known seems to be that which is shown in animals experimentally, namely, diminished consumption by the tissues of carbohydrates, which accumulate in the blood and are consequently excreted, and in man, what carbohydrate is produced is not taken up by the tissues but is excreted.

Prognosis and Treatment of Diabetes.

As you remember last time, all that was known about the pathology was—

(1) That sugar was increased in the blood to much more than the normal amount.

(2) That by experiment on dogs it was only by total extirpation of the pancreas that you can get diabetes, and that if any portion of the gland be left or be transplanted under the skin, no diabetes occurs. Many who die of diabetes have disease of the pancreas. Experiment seems to show that in some obscure way the tissues of the body lose the power of absorbing the carbohydrates.

The action of the pancreas seems to be in some way a ferment action, if not, the amount of sugar in the urine would be proportional to the amount of pancreas excised. The pancreas probably secretes something, which in health influences the absorption of carbohydrates by the tissues of the body. It appears that in some cases, owing to disease of the pancreas, this ferment is not produced, and the tissues therefore do not absorb the carbohydrate. From the success attending the thyroid gland feeding in myxœdema it was proposed to feed diabetes with the pancreas or its extract, but no good results were obtained.

The following are some results obtained by pancreas feeding. Two days before feeding with pancreas patient passed 7914 grains per day, and two days after patient passed 8694 grains per day. The sugar being increased rather than diminished, a similar result being obtained with

other trials. Feeding with the ordinary liquor pancreaticus was also tried, with the following result. Two days before feeding with liquor pancreaticus the patient passed 5355 grains of sugar, seven days after the administration 7000 grains were passed, and three days after 6300 grains. The injection of larger amounts of pancreatic extract causes a rise of temperature and an erythematous rash like that of shellfish poisoning.

Diet.—If you give carbohydrate to a patient he passes not only the amount given in his urine, but there is an increased drain of the carbohydrate from the proteids of the body. In consequence of this fact, it has been suggested that the cells of the body, which ought to destroy the carbohydrates, have too much to do and so get worn out and do not destroy any carbohydrate at all.

The great mass of carbohydrate in ordinary life consists of starch and sugar; to get over this difficulty in diabetes the following are used:—Gluten flour and bread, almond flour and bread, cocoanut flour and bread, and Soya bean flour. The following give the relative prices: Soya, 1s. 8d. per pound; gluten, 2s. 6d.; almond, 2s.; cocoanut, 1s. 8d.

Test frequently the material supplied by tradesmen. Adulteration is common. It does not matter which is used—almond flour is the nicest, and gluten the most frequently adulterated. Soya bean flour was first tried at Guy's, and the samples examined here contained about six per cent. of starch, but some tested elsewhere contained about 23 per cent. of starch; it is probable that the latter were from a different botanical source.

In private practice it is better not to give a limited set bill of fare to your patient, but rather to go over with him the articles of food mentioned as allowable in a text-book, and let him have his choice as much as possible.

Should alcohol be given? Alcohol is not a carbohydrate and it is a food, and is therefore good for a patient if not likely to be taken to excess as it often is, owing to the depression usually present in diabetes. Whiskey and water, not sweetened, is probably the best. Wines, which contain sugar, should not be given. If a patient feels that he must have carbohydrate diet, give lævulose; it does not make him worse, it increases his weight, and is sweet to taste, and usually does not increase grape sugar in the urine. Any lævulose not used in the body is excreted as such and is not known to be harmful. Dahlia tubers may be eaten, they are cooked like potatoes.

Drugs.—Only opium is known to be of use, and that often does its work badly. If it does not do good, stop it, lest the morphia habit be contracted. Patients bear large doses with impunity, but it must be given cautiously lest your patient become a morphomaniac. A suitable dose must be found for each individual patient.

Keep bowels open. As many diabetics are gouty, give saline purges or saline purgative waters, as Hunyadi Janos. Benefit may be obtained at watering places where there are saline springs, as at Homburg. Healthy life and healthy surroundings are essential. Diabetics must not travel, because coma may be induced by it. Diabetics as they are frequently moody and depressed, should have cheerful companions. Some exercise should be taken every day, but it must be gentle, golf for example. A common mistake is that foods are much too nitrogenous, they do not contain enough fat; plenty of butter and olive oil in salad should be taken. Saccharine may be used for sweetening instead of sugar. Another mistake is that in slight cases the food does not contain enough carbohydrate, give it once a week, and gradually add some more—say toast—and see how much patient can bear, he may be better for it and gain weight. If the added carbohydrate send up the sugar, stop giving it. If a patient has been on carbohydrate, gradually increase it.

Elderly people, with worn-out vaso-motor systems, whose livers, therefore, do not convert enough sugar into glycogen, and consequently pass sugar in the urine, are not diabetics. Do not diet them beyond diminishing the intake of carbohydrates till no sugar appears in the urine and prohibiting all sweets and wines.

A stockbroker, who by mental excitement caused by bad speculations had run down his nervous system, thereby deranging the vaso-motor system and had glycosuria, became cured by dieting and good speculations.

Coma.—If liable to coma, keep bowels open and vary the diet; there seems to be some relation between monotony of diet and coma. If a patient be in a state of coma, he may be roused half an hour or more and converse with friends by transfusion with saline infusion before he dies.

Prognosis—

(1) Age.—As a rule, diabetic children die in as many months as they are years old. Death is almost certain. I know only of one case which got better.

(2) Response to treatment.—If on carbohydrate diet, and sugar increases in urine, prognosis is bad. If on non-nitrogenous diet, and sugar clears up, prognosis is good.

(3) See how the case bears the addition of carbohydrates. If when carbohydrate is given, sugar flies up, the prognosis is bad, but if the case stand the addition of a little, the prognosis is better.

(4) Rapidity.—If rapid—measured by loss of strength or by sugar passed—the case is bad.

(5) Amount of sugar.—If the patient passes two pounds a day, prognosis is very bad.

(6) State of the tongue.—The redder the tongue, the worse the prognosis.

(7) Condition of heart.—If fatty, prognosis is bad.

(8) Complications.—If phthisis or gangrene carbuncles are present, the prognosis is very bad. Coma, liability to drowsiness, gives a bad prognosis. In one case, a diabetic and quarrelsome woman noticed that she felt drowsy after each quarrel. Elderly and gouty people do well.

Hospital News.

CLASSIFIED LIST OF CASES.

In the Medical Wards.

Circulatory System.

Mary	9.	Pulmonary regurgitation.
	31.	Mitral stenosis. Tricuspid regurgitation.
	32.	Mitral stenosis. Pericarditis.
	33, 46.	Mitral stenosis and regurgitation.
Philip	3.	Aortic stenosis and mitral regurgitation.
	4.	Aortic aneurysm.
	19.	Infective endocarditis.
	21.	Mitral disease. Ascites. Pleurisy.
Stephen	1.	Mitral stenosis and regurgitation.
	7.	Aneurysm of 1st part of aorta. Aortic regurgitation.
	28.	Aortic regurgitation.

Nervous System.

Mary	3.	Paraplegia. Spinal caries.
	15.	Facial paralysis.
	20, 40.	Peripheral neuritis.
	28.	Tremor of hands. Attacks of unconsciousness.
	35.	Tetany.
	48.	Myelitis.
Philip	10.	Chorea.
Stephen	11.	Optic neuritis. Cerebral tumour.

Alimentary System and Abdomen.

Mary	4, 36.	Appendicitis. Operation.
	14.	Gastric Ulcer.
	17.	Cirrhosis of liver.
	22.	Vomiting. Dilated Stomach.
	27.	Chronic intestinal obstruction. Colotomy.
Philip	8.	Jaundice. ? Hydatid of liver.
	28.	Enlarged spleen.
	29.	Ascites. Enlarged liver.
	34.	Ascites. Hæmaturia.
	35.	Enlarged Liver.
Stephen	12.	Abdominal tumours.
	24.	Appendicitis.
	35.	Tuberculous peritonitis.

Typhoid Fever.

Mary	37, 43.	

Genito-Urinary System.

Mary	6.	Diabetes mellitus.
	11.	Acute nephritis.
	14.	Moveable kidney.
Philip	7, 18, 36.	Tubal nephritis.
	9.	Chronic tubal nephritis. Ascites. Retinal hæmorrhage.
	23.	Tuberculous myelitis.
	24.	Albuminuria ? Nephritis.
Stephen	23.	Tubal nephritis.
	25.	Vesical calculus.

Respiratory System.

Mary	8.	Phthisis.
	16.	Bronchitis.
Philip	17.	Bronchitis.
	22, 26, 32, 40.	Phthisis.
Stephen	13.	Phthisis. Tuberculosis. Laryngitis.
	21, 22, 23, 34.	Phthisis.

Miscellaneous.

Mary	5, 44.	Acute rheumatism.
	46.	Osteo-arthritis.
Philip	1.	Acute rheumatism.
Stephen	31.	Lupus vulgaris.

In the Surgical Wards.

Cases under Mr. Howse.

Naaman	6.	Hydrocele of cord.
	8.	Ischio-rectal abscess.
	10.	Vesical calculus.
	13.	Stricture of rectum.

Cases under Mr. Davies-Colley.

Lydia	2.	Tumour in neck.
	5.	Cystic thyroid.
	19.	Appendicitis.
	Cot.	Infantile paralysis.

Luke	9.	Anthrax.
	10.	Lipoma of neck.
	12.	Tumour of bladder.
	13.	Stricture of urethra.
	14.	Acute epididymitis.

Cases under Mr. Lucas.

Job	1.	Hip disease.
	5.	Ankylosis of knee.
Charity	4.	Cheloid.

Cases under Mr. Symonds.

Job	10.	Central abscess of lower jaw.
	11.	Talipes equino varus.
Luke	17.	Old injury to head. Persistent headache.

Cases under Mr. Lane.

Job	13.	Appendicitis.
Dorcas	4.	Congenital dislocation of hip.
	5.	Tuberculous hip disease.

"Clinical."

John	1.	Pneumonia.
	2.	Aortic disease.
	4.	Carcinoma of colon. Operation.
	5.	Typhoid.
	6.	Chronic bronchitis.
	7.	Pneumonia. Empyema.
	9.	Syphilitic nerve lesions and phthisis.
	11.	Acute Bright.
	13.	Pneumonia.
	14.	Cirrhosis of liver.
	15.	Appendicitis.
	16.	Chronic bronchitis.
Miriam	17.	Congenital hypertrophy of sigmoid.
	18.	Appendicitis.
	19.	Cirrhosis of liver.
	21.	Typhoid.
	22.	Renal calculus. Operation.
	23.	Acute Bright.
	24.	Diabetes.
	25.	Pleuritic effusion.
	26.	Acute rheumatism.
	27.	Chronic bronchitis.
	28.	Bronchiectasis.
	29.	Uterine fibroid. Intestinal obstruction.
	30.	Aortic disease.
	35.	? Pneumonia.
	36.	Fibroid lung.

NOTICE TO CORRESPONDENTS.

The Editor wishes it to be understood that no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.

The Maintenance of Asepsis at Operations and during the after dressing of wounds.

The following remarks are intended to give, mainly to men who are just beginning their surgical work, a rough outline of the methods by which aseptic treatment is carried out by those who practise it at Guy's. To the intelligent observer, the practice of asepsis requires neither defence nor apology, and anyone who will take the trouble to observe its results, must, apart from the unanswerable scientific evidence in its favour, become a firm believer in its doctrines.

What is asepsis? σήπειν = to make putrid. But asepsis means more than the abolition of putrefaction, it aims at the exclusion from surgical wounds of all organisms, putrefactive or otherwise. The following remarks hold good, only for the aseptic practice at Guy's; in private practice, where expense is no object, preparations may be made on a much more elaborate and a safer basis.

I. *The preparation of the skin.*—Hardly any conditions could be more favourable to the growth of micro-organisms than those existing on the surface of the body. Warmth, moisture, nutriment, protection from external influences, are all present; and where the skin is covered by hair, and where it is thrown into folds, and beneath the nails, such conditions are present to a still further degree. The most careless microscopical examination will give an idea of the vast number and numerous kinds of micro-organisms normally present on the skin surface, and under pathological conditions—Eczema in the neighbourhood of a discharging surface—their number is enormously increased. For this reason the presence of Eczema or any inflamed condition of the skin contra-indicates any but an urgent operation being performed. Menstruation, in hospital practice at any rate, need not interfere with the performance of operations with the exception of those in the vicinity of the vagina, *e.g.*, radical cure of hernia—operations on hip, etc.

The preparation of the skin should in all cases be commenced twelve or more hours previous to operation. First well wash your own hands. The skin should be cleansed for a wide area around the probable (or any possible) position of the incision, as also the skin over any part which may possibly be handled during the operation. *Shaving* should be performed whether the part abounds in hair or not, for the razor removes not only hair, but also much solid matter, and the superficial layers of the epidermis. The skin must next be *scrubbed* with a nail brush and soap and water as *hot* as the patient can bear it *and containing always some liq. potassæ.* The object of the scrubbing is to remove the surface dirt and the remaining loose scaly layers of epidermis, while the liq. potassæ dissolves out the fatty and sebaceous material which collects in the mouths of the numerous glands which open on the skin surface. The part should next be washed with lint soaked in lysol, 2% (warm, and containing more liq. potassæ), and finally with formalin 1 in 250;

perchloride of mercury, 1 in 2000–4000, or whatever antiseptic solution the surgeon may prefer. The whole of the cleansed area should then be covered with a compress. The compress should consist of at least two layers of lint soaked in either of the three above solutions, but never in carbolic lotion, as its absorption, though happily somewhat rare, has given rise to disastrous results.

Lysol is perhaps the best antiseptic for a compress, for it converts into a slimy soap-like substance any particles of epidermis or secretion which may have been left on the skin surface, whereas hyd. perchlor., though a powerful antiseptic, first coagulates the albuminous material present, and then has to act through the gelatinous envelope so formed, to get at the micro-organisms within it. Perchloride of mercury is the best antiseptic for compresses on the scrotum, as lysol is far too irritating. For the skin of infants the antiseptic should be well diluted. Formalin, since it is exceedingly volatile, is not a good preparation for compresses.

II. *The Preparation of Instruments, Ligatures, etc.*—(*a*) *Instruments* at Guy's are sterilized by boiling. They may be boiled in plain water for 10 minutes, or preferably in water containing ordinary washing soda. The advantages of the addition of soda are two: firstly, the effect of the alkali is added to that of the heat, so that the time necessary for the destruction of the commoner micro-organisms is reduced by one half. Secondly, the soda prevents the instruments rusting. The addition of about a tablespoonful of soda to a pint of water is quite sufficient. The instruments should not be put in the sterilizer till the water is boiling, and should only be removed on the tray or by some previously sterilized instrument. The trays in which they are placed should be *previously* well rinsed with carbolic acid 1 in 20, or preferably boiled. When in the tray the instruments should be *completely* covered by boiled water, or better, by an antiseptic solution, and for this reason: ordinary air contains numerous micro-organisms, but they all, by the action upon them of oxygen, have become so weakened as to be incapable of producing their normal pathological effects—but this is not the case in the air of a large hospital which has been proved to contain pyogenic germs, which are constantly being set free at every dressing of a suppurating case, and which, though floating in air, may have been just recently liberated, and therefore are certainly virulent.

(*b*) *Ligatures.*—Horse-hair and gut sutures are readily sterilized by boiling for the same time as the instruments. *Silks.*—Suppuration, when it follows what ought to have been aseptic operation, is found in most cases to have commenced round a silk stitch; although in many cases the silk has been most carefully boiled. Attention to the following points will avoid such a result:—

(1) The silks (kept it is true in 1 in 20 carbolic) are contained in jars which are easily opened, and into which the ignorant or unscrupulous or hurried individual is very apt to dip his septic hand. Such silk, therefore, is by no means ready for use in an aseptic operation.

(2) Wound as it is, layer on layer on a wooden reel, the antiseptic, to say nothing of the boiling water, never penetrates more than a few layers deep, so that when two or three feet have been used, the remainder is absolutely unsterilized. The silk should be wound not more than two layers thick on a glass rod (*e.g.*, the piston rod of a broken glass syringe), it should then be boiled for 15 to 30 minutes, and finally placed beneath a solution of 1 in 20 carbolic in an air-tight glass receptacle. In this way each firm of dressers can keep its own silks in a place of security. If the silks are only used at such operations as are aseptic there would be no need to boil them afresh for every operation.

(3) At the operation silks should be handled as little as possible, and to hold a silk suture tight, Spencer Wells forceps should be used rather than the fingers, since the silk cuts deep into the skin and is apt to get contaminated by matter in the mouths of the glands. Sutures should always be cut under the surface of the antiseptic solution, otherwise the free end will frequently swing against the edge of the basin, or other septic object.

(*c*) *The Towels and Overalls.*—Should have been kept soaking in (*i.e.*, completely covered by) lysol for at least 24 hours before the operation. A towel thrown into carbolic or lysol, and wrung out straightway or in an hour or two, is not sterile, as cultures taken from such towels have over and over again shown. The towels should always be wrung out by the dressers themselves *and only with previously sterilized hands.* Where expense is no object towels sterilized by heat are far safer and in fact are the only satisfactory coverings. Trust neither towels nor overalls more than you are obliged, touching them as little as possible, for although all possible care is taken in *most* wards to keep them sterile, it is impossible always to do so where so many have access to them.

III. *At the operation.*

(*a*) *The dresser's hands.*—The germs of suppuration are probably not present on the skin of the ordinary individual, but they are most certainly present on the skin of people who are obliged constantly to be touching purulent discharges, fæcal matter, and the like. Hard scrubbing, not only of the hands, but of the whole forearm up to *and including the elbows*, with *hot* water *and liq. potassæ* is essential. The nails cannot be too short, or two scrupulously brushed, and finally, when washed, the hands should not be wiped on the nearest towel, but plunged as they are in lysol or other antiseptic, and carefully scrubbed and washed in this again, after which they should touch nothing but aseptic objects. A final washing in formalin or hyd. perchlor. removes the slippery effect produced by the lysol. The washing of the elbows is an important and a very frequently neglected point; they are constantly touching both towels and instruments during the operation.

(*b*) The fewer the hands engaged in an operation the less likelihood is there to be any loophole in the aseptic

precautions. It is a good rule that whenever possible *only two* dressers should assist at the operation.

(*c*) The only things in the theatre which are (or ought to be) sterile are:—the hands of the surgeon and his dressers, the skin of the patient, the instruments, sutures, ligatures, sponges, towels, and overalls. Everything else must be regarded as *dirty*, and the touching of any but these things should necessitate instant re-sterilizing of the hands or instruments, or sponge, or whatever came in contact with the non-sterile substance. It cannot be too carefully remembered that blankets, basins, tables, mackintoshes, and even the edge of the basin containing the antiseptic solution may abound in germs, and in such a place as a large hospital, not only may, but do.

(*d*) *The operation itself.*—While the patient is being got under the anæsthetic, the two dressers concerned in the operation are (having previously washed up) wringing out the towels and overalls, which are then placed in a basin *which has been well washed with carbolic.* As soon as the anæsthetic has produced its effect, a dresser other than these two should arrange the mackintoshes and remove the compress, taking care not to touch the sterilized skin in so doing, and also taking care that it does not touch the mackintoshes. The dresser concerned next re-washes the skin with lysol and liq. potassæ. and then arranges the towels, after which the skin is again washed with a sterilized sponge dipped in formalin or hyd. perchlor., thus removing the greasy effect produced by the lysol. The skin should, just previous to the surgeon making his incision, be wiped dry with the sterilized sponge pads. When arranging the towels be careful that what will be the uppermost side remains uppermost throughout, and is not smeared against the mackintosh, for in this way the towel is infected on that surface, and the whole object of having it there is lost.

In an operation of any length the hands should constantly be re-dipped in an antiseptic solution. Instruments should be replaced in the antiseptic as soon as done with, and not allowed to lie on the towels, for you can never be certain that your towels are absolutely sterile. When sponging, do it quickly, but lightly and firmly; do not rub the surface of the wound with your sponge, for the less the tissues are devitalized by the operation the less chance have germs of gaining a foothold in them. For the same reason, when picking up a bleeding vessel, include as little as possible of the tissues around it in the blades of your artery forceps. Just previous to closing the wound, if the operation has been lengthy, gently swab its surface over with formalin or lysol, and when it is sewn up all blood or other matter must be carefully removed from the surrounding surface before the sterilized pads are applied. It is most important that the skin edges should be carefully brought together, so that the edges are not turned in, for on their accurate approximation depends the abolition of risk of infection during the first few days after operation.

(*e*) *The Dressing of the Wound at the Operation.*

1. *Drainage.* What are the conditions which indicate drainage?

(i.) *In all cases where the wound is from the outset septic—e.g.*, compound fractures. Wounds opening both externally on the skin surface and internally on to the surface of a mucous membrane—abscesses—but tubercular abscess should, after thorough scraping out, be treated by immediate closure of the wound and on this immediate closure depends the non-infection of the wound after the operation. It must be remembered that a true tubercular abscess does not contain pyogenic organisms.

(ii.) After removal of tumours, or tissues in such quantity as to leave a cavity in which blood or serous discharge might collect.

(iii.) After removal of tumours in—triangles of the neck and the axilla—and all tumours in connection with the thyroid gland.

(iv.) In all cases after long operations in which the tissues have been much damaged by continued or severe manipulation.

The Nature of the Drainage.—Strips of plain sterilized gauze or of sterilized iodoform gauze meet all the requirements of drainage in the great majority of cases. They should be lightly packed to the bottom of the wound, with their free ends emerging from that part of the wound which from its position is most dependent. In certain special cases, where permanent drainage is required, and where for this reason the maintenance of an absolutely aseptic condition of the wound is practically impossible, rubber or glass tubing may be necessary, *e.g.*, pelvic abscess, suppurative peritonitis, etc.

2. *The application of dressings.*— Granted that the operation has been conducted on such lines as to ensure the sterile condition of the wound, it is clear that none but sterilized dressings must be applied to its surface. Nothing but *sterilized gauze and sterilized dressing pads* must be used, and great care must be taken to prevent the fouling of these in taking them from the bag. Remember that *dry* iodoform, cyanide, or carbolic gauze *are not sterile* as you may prove by taking a culture from any one of them, neither do they become sterile by just wringing them out in lysol. It is as criminal to place these in the dry state over the wound as it would be to wipe the wound over with a piece of lint which had fallen on the floor. In all cases where there is the possibility of much discharge, cover the wound with three or four layers of sterilized pads, and outside these *a layer or two of salicylic wool*, and for this reason:—

Suppose that the discharge has at one point soaked through the sterilized pads on to the bandage, the discharge itself may be sterile, but the bandage is not. The organisms on the bandage have in the serous or sanious discharge just the pabulum necessary for their existence and multiplication and very soon they spread through to the wound and infect it. Now if salicylic wool be the layer next the aseptic pads the discharge has not only to permeate its highly absorbent material, but in its passage through becomes itself antiseptic and hence offers a far greater resistance to the inroad of germs.

3. *Bandaging* must be firm, so as to avoid all chance of the dressings slipping and the bandage or wool coming into contact with the wound. The bandage must cover the whole of the wool and pads.

IV. *Fallacies.*—The nail-brush used to scrub the patient's skin or the hands of the dresser is a frequent source of contamination. It may just previously have removed pus or fæcal matter from the hands of another. Cultures taken from those in use in the wards have shown the presence of germs in startling numbers and varieties. The brushes may easily be kept clean and practically sterile as follows: they should be kept always in lysol or carbolic, and after each usage should be washed in very hot water, or boiled for a few seconds, before being replaced in the antiseptic solution.

The sealed dressing applied to a wound at the end of an operation, which from the commencement has been a carefully aseptic one, may easily nullify all the earlier precautions; for although the collodion is sterile, the blue gauze (dry), the dry iodoform powder, and last, but not least, the brush, *are not,* and in this way the wound may easily become infected. In the case of wounds of the scrotum, it is the custom here to apply a sealed dressing, and an aseptic sealed dressing may be applied as follows: the gauze should be dry *sterilized* gauze; no iodoform powder should be used, and the collodion should be poured over it from the bottle and spread by the dresser's finger, and not by a brush.

(*To be continued.*)

From "Down Under."

Sydney, New South Wales,
August, 1897.

To Sir Samuel Wilks, Bart., Guy's Hospital.

Dear Sir Samuel Wilks,—As old Guyites residing in New South Wales we desire to offer you our hearty congratulations upon your receipt of the honour of Baronetcy. We enjoy an affectionate remembrance of you as the courteous able teacher and kind friend to whom many of us have been indebted for sympathetic advice, and as one possessing very much sweetness and simplicity of character, combined with a high sense of professional honour, that we feel bound to you by affectionate regard, and esteem you as one of the able representatives and reminiscences of the dear old Borough School. Heartily wishing you many years of health and happiness to enjoy the high honour Her Majesty has conferred upon you.

—We remain, your sincere though distant friends,

W. Sigismund Brown,	W. W. Prim,
W. R. Courtis,	Clare Read,
D. T. Edmunds,	Alfred Roberts,
Thomas Evans,	F. Ashburton Thompson,
J. Foreman,	E. Stanley Tresidder,
J. M. Gill,	Harry Tresidder,
Frederick Hall,	Thomas B. Walley,
George T. Hankins,	George Wigan,
George E. Miles,	Percy Moon Wood,
F. S. Pilkington,	Chas. D. H. Rygate.

My Three Years in the Arctic.

By R. Koettlitz, M.R.C.S., Medical Officer to the Jackson-Harmsworth Expedition.

We left England on the 12th July, 1894, on board the S.Y. *Windward.* She had been a whaler, but having been bought for the expedition, she became one of the Royal Thames Yacht Squadron. She was heavily laden both below and on deck. We had left the docks (St. Katherine's, London) the day before, and anchored off Greenhithe till noon of the 12th. Many friends then came on board just before this time to see us off and wish us good-bye, among these being Sir Clements Markham, Admiral McClintock, Admiral Ommany, Admiral Markham, Sir Allen Young, with many ladies and others.

We had on board as passengers as far as Archangel Mr. Arthur Montefiore, hon. sec. to the expedition, Herbert Ward, of Stanley's Expedition for the relief of Emin Pasha, and Professor Boulger, F.H.S., F.G.S.

Soon after leaving the Thames we had a succession of head winds which delayed us considerably, so on the 19th we ran for the coast of Norway, and in the evening got a pilot on board somewhere off Molde. He took us along the grandly rocky Norwegian coast as far as Christiansund, a beautifully situated town with the narrow fjord as a harbour running right through it. Houses, churches, etc., were all built of wood. There we did not stay long, but took up another pilot who conducted us through these picturesque fjords as far as Majeröen Island, where he left us, and we could proceed without a pilot. On the 22nd we crossed the arctic circle. When going up West Fjord, between the Lofoden Islands and the mainland, we passed Thomso on the 24th, in the neighbourhood of which town we found a good deal of snow still lying in depressimo on the mountain slopes, as well as a glacier here and there. On the 25th we passed Hammerfest, the most northern town in the world, and on the 26th we got into the open sea of the Arctic Ocean and ran along in sight of the coast of Lapland. Here the monotony was broken by an occasional whale appearing in sight, or a shoal of porpoises, whose lively movements, especially when swimming hither and thither across the bows of the ship, were very interesting and amusing. On the 29th we got into the White Sea, and after some delay, due to fog, we got off the pilot ship at the mouths of the Dwina, took a pilot on board, and were soon moored alongside a wharf at Solambola, close to Archangel, where we arrived on 31st July in the evening. We had to call here to take with us some ponies, a log house and stables, furs, coal, and many other necessaries, which had been already ordered and ready for us through the kind offices and help of Mr. Henry Cooke, the British Vice-Consul at Archangel. His Excellency the Governor of the province of Archangel (Kammerhen Engelhart) and others, during the five days we were detained there,

showed us every attention, and most hospitably entertained us; so also the Vice-Consul, whose house was practically at our disposal. Mr. D. W. Wilton, a young Englishman living there, and who two years after joined us in Franz Josef Land, took us about and showed us what there was to see.

We left Archangel on the 5th August, after enthusiastic farewells had been given to us, and every evidence of goodwill from people of all classes. On the 8th we passed Cape Kanin, and were again out of the White Sea, into Barent's Sea; on the 9th were off Kolgaieff Island, and there we came across our first ice, through which we could easily wend our way, it being only drift or "sailing" ice (of the whalers), namely, large and small loose masses floating about. The next day, the 10th, the ice was heavier and thicker, but still we had no difficulty in getting through; this we soon did, and then had clear open water. While in the ice we were troubled with a good deal of mist which somewhat delayed us, but we soon sighted Dolgoi Island, entered Yagorski Schar, and anchored in the shallow mid-channel off Khabarova. Here Mr. Jackson was quickly recognised by the Russians and Samoyeds, with whom he had passed part of the summer of the last year, and had travelled as far as Pustozersk on the Petchora on his way to Archangel. And here we found the thirty Osteai dogs, for sledging purposes, under charge of a German named Rawing, who had collected and bought them in Asia, and brought them from a great distance to this place; he had been waiting for us over a fortnight. There was much to interest us here. The Samoyed's tchooms, tents erected upon a number of poles fastened together at the top, and spread out in a wide circle at the bottom, upon which framework strips of birch bark sewn together were spread, reminded one much of the American Indian's wigwams. The Samoyeds are a short-statured, round-headed, Mongolian-typed people, are nomads, and live principally by herding reindeer, fishing, and hunting. By the help of the reindeer, which, by the way, they treat most cruelly, they travel from place to place, and are also supplied by them with meat, clothing, thread, and also an extra warm covering for the tchooms in winter, for they cover the birch bark outside with reindeer skins when the winter comes on. They are a dirty, vermin-infested folk, much infected by syphilis which they obtain through the frequent intercourse with the Russian population.

We spent some time bargaining with them for fresh meat, curios, puppies, knives, etc. Mr. Jackson also distributed presents of red cotton handkerchiefs, snuff, etc., which were much prized by the Samoyeds, and after some difficulty and delay, managed to obtain a large quantity of fresh reindeer meat. I acted as interpreter, being able to speak German, with Rawing, as he could converse with the Russians, and they again with the Samoyeds, thus, in a rather roundabout way we could express our wishes, Mr. Jackson's Russian being too imperfect to make much use of. While the ship was lying off here, the tide on the ebb and flow through the straits produced a strong current which frequently brought large quantities of heavy ice with it from the Kara Sea; this very often came in collision with the ship, causing her to drag her anchor, and on the afternoon of the 13th of August necessitated a move to safer quarters. When doing so, she ran aground on a sand bank at high tide; to get her off again all hands had to work hard to get some of her cargo into boats, and put on shore, everyone of us working like niggers. We got the ship off within twenty-four hours, after having got fifty tons of cargo out of her, this we soon replaced after she was once more afloat. We then took the meat on board—which in the meantime had been killed—and dogs, bid good-bye to our Russian and Samoyed friends, and at 9 a.m. of the 16th we again got under way for Franz Josef Land. We skirted Waigatz Island and the South Island of Nova Zembla until on the 20th, in latitude 74° 15′ N. and longitude 46° 58′ E. we came up to heavy ice. At the same time a fog came on, and we had to lay to till it cleared; this it soon did, when we quickly got out of the ice again. On the 22nd, in latitude 76° 37′ N. we came up to the northern main pack ice, into "leads" or open channels, among which we pushed, and found bay or new ice already forming fast, the temperature being 28·8°. On the 24th we reached latitude 78° 11′ N. and on the 25th Franz Josef Land, our goal, was sighted, and we could make out Bell Island, etc. We now hoped, and indeed expected, to be soon at our destination, and we all began writing letters in a great hurry, for we hoped that the ship might be able to return home this year after landing us and the stores, etc., upon Franz Josef Land, but we were destined to be grievously disappointed, for though in sight of it we found the ice here so tightly packed and impenetrable that though we tried in every direction to find a "lead" through it, we were continually stopped by unbroken ice, and at last we began to fear that we should not be able to get there that season, for it was already so late, the end of August to beginning of September. Bay ice continued to form very rapidly, and it began to appear highly probable that we should get frozen in, indeed, we were obliged to keep the ship moving for fear of this, which would have been a most serious position for us to be in.

While off the land among the ice, Mr. John Crowther, our ice master, who had been up here twice before, pointed out to us the principal headlands and islands of the distant land we were gazing at and were unable to reach. Capes Crowther, Grant, Stephen and Flora were each pointed out, so also Bell and Mabel Islands. He had been here before with Mr. Leigh Smith on his adventurous voyages in the ill-fated *Eira*, and he was one of the shipwrecked crew which wintered at Cape Flora, in 1881-82, in a hut built of mud and stones, which they made, living on bear and walrus' meat, and which returned in boats to Nova Zembla, where they were met by the *Hope*, which had come out in search of them.

Of course, for some time—indeed, soon after leaving Archangel—we had been in "perpetual" daylight: that is, the sun did not set, and the midnight sun was familiar to us every clear night. It was no longer an object of curiosity such as it had been before, but the ice, in its varied shapes and colours, was still new, most interesting, and a cause of endless pleasure and delight to most of us. Occasionally having opportunities, when the ship was anchored to a floe, to take a walk upon it, we could not help being struck with the lovely shades of azure blue and green, from the very lightest to quite deep shades, everywhere presented to our view, with a ground colour of the purest blue-white—for the pure snow, uncontaminated with dirt, has always a faint bluish tinge in its depths. It was in the broken-up hummocks of ice that these colours were principally to be seen, which, with the snow covering them all, and so softening the angles, were heaped in endless confusion all around us. The extraordinary fantastic shapes they were thrown into, coupled with these delicate tints in colour, were things of beauty impossible to adequately describe; it can only be seen to be appreciated.

Occasional seals were to be seen popping up their heads from the water and gazing at us full of interested curiosity, or lying on the ice at a distance. A few Mollys or Fulmar petrels—*Procellaria Glacialis;* ivory gulls or snow-birds—*Pagophila Ebumea;* rotges, or little auks—*Meyalus Alle;* Dorekies—*Uria Grylle*; Bergomaster or Glaucus gulls—*Larus Glaucus;* and Kittywake gulls—*Rissa Tridactylla*, were the only living things to be seen.

Our first Polar bear—*Ursus Maritarius*—paid us a visit on the 29th August, at 1 a.m.; it did not, however, come close enough to allow us to get a shot at it, but we had a good opportunity for seeing some of its habits when hunting, for it caught sight of some seals not far from the ship, which was at a standstill, anchored to a floe. The seals had, however, been watching him long before he saw them, and as soon as he stealthily approached they dived and were off, coming up a long way off and still watching him.

The next day, however, a second bear was seen, and was shot, after which bears became quite everyday incidents, and during the winter and spring nearly sixty fell to our rifles.

After going south for some distance, and then east, to try and find a way round this ice, which was stopping us, and being unsuccessful, then east, and west, and again south, over and over again, burning our precious coal without success, we almost despaired, but at last we were fortunate enough in getting the tight pack much broken up by a northerly gale, which blew for some twenty-four hours, and shifted the ice that was so impenetrable, and we finally, on the 7th September, got through the last ice that impeded our approach to the land, and we quickly steamed up to it.

After cruising about for two days up Miers Channel —where a new island, named after the ship, was discovered—and along the southern coast of Northbrook Island, seeking the most convenient spot upon which to establish ourselves, it was at last decided to adopt Cape Flora. Eira Harbour being blocked with ice, we were unable to make Bell or Mabel Islands our base; we also wished to be as far east as possible. Upon Cape Flora, then, we began on the 10th of September to land our stores, houses and equipment, and all hands worked hard at the work, the members of the expedition, namely, Messrs. Jackson, Armitage, Fisher, Dunsford, Child, Burgess, Heyward and myself working. At first we agreed to work sixteen hours on and eight hours off, for it being perpetual daylight still, no darkness impeded us. This we did in watches, as also did the crew, but in shorter watches, so that during the whole of the twenty-four hours gangs of men were working. This told heavily upon some of the members of the expedition, but it did not last long, as on account of bay ice forming so fast, a boat could not at last be got through it, and we had to wait for a day or two for the ice to get solid enough for us to sledge the stores over it—about 100 yards—to the land, so that all hands had a much-needed rest. Of course, by this time, and indeed before we arrived, winter had set in; the birds, except a very few, had gone, the soil and ponds were frozen hard, snow was lying everywhere, and the place had a very wintry appearance.

As soon as the ice was firm enough we resumed landing our cargo, and as it now became very patent that the ship was frozen in and would not have the chance of returning home this year, the sixteen hour watches were discontinued, and the work was carried on at a less hurried pace.

By September 27th all the things, except the coal, were ashore, most of the houses were up, and ponies in their stable on land, notwithstanding the many gales which impeded and sometimes stopped work. By the 2nd of October we got the temperature down to zero, or thirty-two degrees of frost, by which time also we had all the coal that could be spared out of the ship—fourteen tons - on shore, up the bank of the plateau of fifty feet high, and to the house, another hundred yards away, where everything else had also been taken. We then put everything that could spoil away in the store-houses, of which there were five.

We, however, remained on the ship till November 17th until the interior of the house—a Russian log one—was quite finished, and it had been caulked both inside and out between each log, and all was quite snug.

The arctic night had begun on the 19th of October, when the sun disappeared below the horizon for good until the following February. Stars were visible at mid-day on the 1st of November. By this time we had had many visits from bears, most of which were shot. We also had several amusing incidents with these animals, and one or two rather narrow escapes from them, but time will not allow of their narration. Many walrus hunts we had, too, on the bay ice, some of which were very exciting, and a good many of these were also secured. Both the bears and walrus never left us all the winter.

A bear may turn up at any time, so one has always to be prepared for them, and the walrus's bellow is often heard in the silence of the calm arctic night.

Auroras became now a common sight at any time in the twenty-four hours, and were often very fine. They are, however, rarely sufficiently bright as to cause any perceptible increase of light, which is rather different to what is generally supposed, yet rarely it was brilliant enough to cause a faint shadow to be cast. The effect of their weird movements in the sky is singular. These movements may take all shapes, sometimes taking the form of a corona or crown in the zenith, from which lightning flashes of streamers, sometimes in prismatic colours, radiate rapidly from this point towards the horizon all round; at other times, zigzags and serpentine shapes, all rapidly moving and varying in detail. These, frequently in many colours, are not uncommon, as well as many other shapes in infinite variety and indefiniteness.

By November a dim twilight was all the light we had at noon, and before the month was over this became almost complete darkness. About the middle of the month we of the expedition moved from the ship and took up our quarters at the log-house on shore, named Elmwood, after Mr. Harmsworth's place in Kent.

We spent the winter in doing all manner of necessary odd jobs—preparing for the sledging in the spring, taking meteorological, astronomical and magnetic observations, as well as physical; also there was much work to do in keeping the house clear of the snowdrift. We amused ourselves, and took exercise by practising on ski—pronounced shi—or Norwegian snow-shoes, going out for walks, though when there was no moon we could only grope about. We had games of cards, draughts and chess, and through the kindness of Messrs. Sampson, Low, Marston, Searle & Rivington, we had a good library of about 500 volumes, as well as other books, which prevented much *ennui*. The winter was a severe one, as we also afterwards heard it was at home. It was mostly a succession of severe gales, with temperatures which occasionally sank as low as between 40 and 50 degrees below zero, *i.e.*, 70 to 80 degrees of frost. This degree of cold is practically unbearable when there is any wind, but is not so bad when the weather is still, but the slightest breeze is liable to quickly cause frost-bites, which, if not attended to at once, may cause gangrene of the part.

We took care to use bear meat as our principal animal food, and this in large part contributed to keep us in good health. On board the ship, which I visited every day, however, the men were not so healthy, the officers being a poor lot, unable, or too lazy, to keep up any discipline or enforce rules, with the natural result that many of the men did not take regular exercise, did not eat the fresh meat, which was far inferior to any civilized viand, preferring the salt pork and beef. This they ate without my knowledge and against my direct orders, so that although I saw that a regular quantity of lime juice was taken by all every day, scurvy made its appearance, and one old man died in June, 1895, before the ship left us, and one or two others were also affected.

We celebrated Christmas Day as well as we could. We had kept a piece of the reindeer meat from Khabarowa, in a frozen condition. This, together with bear, formed our joints. We had real turtle soup, and as our Christmas puddings, which were put on board, had disappeared, we made as good a one with the material at disposal as we could; we had champagne, port and whisky, also tinned potatoes and vegetables, besides blancmanges, jellies, etc., so we had a good dinner. The usual loyal toasts followed, and the evening was kept up in this way, with songs and music from the musical-box, till a late hour.

New Year's day was also kept in a similar way. One cause for rejoicing was the fact that the worst of the winter was passed, and that we might hope to see the gradual return of daylight and the sun, which was eagerly looked for. In the meantime we made much of the moon, and the light she gave for ten days in the month was much appreciated. We had tried to play at football in the earlier part of the winter, when the light had not quite gone, on the floe near the ship, but we found that running when the temperature was low puffed one tremendously, and if persisted in would cause pain in the lung and hæmorrhage—hæmoptysis once even occurred. No man, therefore, cared to "play up" well.

As the days began to get lighter we enjoyed longer and longer walks, the tints of rose, to orange and purple colour, became more brilliant in the southern sky. At last, in February, those tints spread to the face of the cliffs, to the fine basalt, the crevices of which were encrusted with white pure ice, which showed up their detail in the increasing light with great minuteness, and these tints were of the most delicately delicious colour, which it is impossible to adequately describe, only an accomplished artist could have depicted it.

(*To be continued.*)

House Committee.

The House Committee have decided that on and after the 1st of February, 1898, the time off duty for the Nursing Staff should be as follows:—

Probationers.—One and three hours on alternate week-days. Two half-days and one whole day in four weeks.

Lady Pupils.—One and three hours on alternate week days. One half-day, one whole day, and a Saturday to Monday in four weeks.

Head Nurses.—One and three hours on alternate week-days. Two half-days and one whole day in four weeks. One Sunday to precede or follow the whole day.

Staff Nurses.—One and three hours on alternate week-days. Three half-days and one whole day in four weeks. One Sunday to precede or follow the whole day.

Passim.

We heartily congratulate the nursing staff on the new system of vacation, that is to be set working on the first of next February. The want of such a condition of things has always been much felt, and its introduction, though no doubt necessitating very considerable and careful calculations on the part of those in authority, will do more than anything to relieve the monotony and increase the pleasure of a nurse's life at Guy's, and the necessarily increased expenditure is, we feel sure, unquestionably justified.

To-day's match at the Rectory Field promises to be as close and exciting an exhibition of the premier winter game as any could wish to see. Although in all probability the Hospitals will be beaten, yet we feel confident that, barring accidents, the balance against them at the call of time will not be anything great. At full-back, if Brydone or Gordon Smith play for "the Club" there will not be much to choose between the teams. Three-quarter, we are convinced, will be the strong point in the Hospitals' side, and Sime and Harrison, playing to really capable centres, ought to show up extremely well, and the whole quartette, if properly set going by the halves, should prove superior to their opponents. At half-back, Wetherell and Bateman are reported not to have combined well on the Welsh tour, but perhaps their experience there will have helped them to understand each other better by this time. The forwards are to a man honest hard workers, with one or two of them bordering on the brilliant, and there is no reason to fear that the team will be let down in that position. Altogether it ought to prove a ripping good match, which is not grammar, but that does'nt matter.

The first night of the Debating Society turned out a highly interesting and enjoyable function. The speakers, though in more than one instance they transgressed the time limit (with no intervention on the part of the chairman, by-the-bye), on the whole kept well to the point, and there was a freshness and breeziness about several of them that quite counterbalanced the underlying repetition of the well-worn arguments. But it must be remembered that the subject was hardly one that lends itself to any fresh treatment, and that being the case, it is uncharitable, if not unreasonable, to expect that a strictly amateur, as well as a somewhat spasmodic society, such as ours, should produce anything exceptionally novel or noteworthy. In our opinion, the palm of the debate was clearly borne off by the third speaker, Mr. David Howard, J.P., who supported the motion in an able, convincing, and at times intensely humorous speech. The opposer of the motion, Mr. Spriggs, made the most telling assault on the stronghold of capital as impersonated by Mr. Shufflebotham, and but for one brief "period of rest," half-way through, the speech would have been placed in a high rank in the annals of the Society. We take the opportunity of again thanking the visitors who were present for their support and interest, and Dr. Pavy for once more coming down to preside at the opening meeting.

Change succeeds change with untiring certainty, and no sooner do we settle down to one state of things than a fresh one supervenes. It is stated on the highest authority that there is no peace for a certain class of individual not considered admissible to ecclesiastical society, and we may paraphrase the quotation referred to, by saying that there is no peace for the Editor of a hospital gazette. Possibly the terms are synonymous, but that is outside the question. Our readers will, however, understand how extremely hard it is for one individual to be absolutely up to date in his knowledge of all the events that occur relating to the hospital, and who is constantly being requested for information about present day subjects that he has never even heard of. Within the last few days he was asked his opinion of a Bill relating to Guy's Hospital that is, or is soon to come before Parliament, and which was to him quite an unknown quantity. All this rigmarole, however, is merely to lead up to an appeal to all who come across bits of information that may prove of interest to the Guy's general public, to just dot down the said items on a slip of paper and forthwith deposit them in the editor's box in the colonnade. He, the editor, would then owe them an eternal debt of gratitude, which, though extravagant as far as language is concerned, is cheap in all its other aspects.

Although it is yet many days to Christmas, there is already a very healthy crop of "collectors" budding in the hospital. Now begins the harassing game of dodging men with tiny receipt books, at present a somewhat easy task, for the collectors have not yet acquired the

keen scent and unerring instinct of the tried extortionist. But as the days roll on, the task becomes more and more arduous, and at length the harmless student is cornered and stripped of the few half-crowns with which he hoped to make his Christmas merry.

Nor is there any sign of an abatement in this horrid craze for collecting money. Every year sees some fresh method of spending money, and a fresh staff of wheedlers. This year there is a rumour of an out-patients' afternoon tea, a Christmas dinner for the pigeons, and a day in the country for the bathmen. Let us form at once an amalgamated society or union, with a fixed subscription, which might be tacked on to that of the Clubs' Union, and let all these dinners etc., be paid for out of the funds of this society. In all seriousness, we believe the majority of men would rather face a definite lump sum at the beginning of the session, than run the risk of being dropped on for odd half-crowns at inconvenient times—just when one has saved enough pence for a box at the "Surrey," for instance.

Congratulations to Messrs. Stamm and Miller on attaining the dignity of the B.Sc. The Honours examination has not yet taken place, but we wish them all luck, and trust that those excellent words, "Guy's Hospital," will appear well on the list.

In connection with the recent over-heating of a flue which nearly resulted in a fire in Job ward, we are informed that the hand pump when brought into the ward was so dry as to be absolutely unworkable, and that the stream of water thrown in by the hose, when at last that apparatus was fixed, was so small as to be practically useless had any real necessity for its use arisen. The rescue of patients, many of whom are utterly unable to move, would be no easy matter were a fire to involve the staircases or the exit end of a ward. In the surgical building there is not a ward which contains a fire-escape, and this is probably because the windows are in no way adapted to this mode of exit. A couple of iron staircases in each of the quadrangles of the surgical building opening into each ward at about its centre, would seem an easy if a somewhat expensive solution of this difficulty. We believe that a door between each ward on the same floor is about to be made in the partition wall, and this coupled with outside staircases would convert the surgical building from the death-trap which it now is, into a building which even the L.C.C. would consider as deserving of as much public confidence as, for example, the Surrey Theatre.

We hope in the near future to follow up the article on the principles of Asepsis in this issue, by a series of articles on the same subject, but with wider scope and with still more attention to details. And we purpose this because when we see the magnificent results obtained by the followers of these principles, we are convinced that it cannot be long before practically every surgeon adopts them. We would also like to express a hope that those of the nursing staff who have anything to do with the methods of Asepsis, or who wish to learn something of them, will not find the article too dry or uninteresting for their careful perusal.

A specimen of the Christmas-card that has been decided on by the Committee of the Gazette is now on view in the hospital library. The experiment has been tried of having a coloured design, and the result, we hope, will be considered satisfactory, for although the cost of production is slightly greater than that of last year's, yet the retail price will be practically the same, namely, 2s. 6d. a dozen, which is decidedly cheap for a really useful card. Though we do not think that any will fail to recognise the locality depicted, we may just say that the picture is a view of "the Park" with Hunt's house in the background, taken from somewhere in the neighbourhood of the laundry, and is from a water-colour sketch in the possession of the late Treasurer, to whom we owe our thanks for the loan of the original.

Though considerable discussion appears to have been raised by our remarks in a recent issue concerning the football caps, we have received only one communication on the subject. It seems that a large majority wish for a change, but that no one really cares to take the matter in hand. We would point out, however, that it would be a good thing to thrash the matter out before the next general meeting of the club. Many men have told us that they consider the honour caps too ugly to wear, and we personally cannot help reiterating our former wish, that they should be abolished altogether. It is seldom, indeed, that one forward and one back are markedly better than the rest of the fifteen, and the prospect of winning a cap might lead to

individuality among the players—a fatal thing for combination.

Although it appears that there is a definite First XV. cap, it is also a fact that no one has ever been seen to wear one, at any rate, during the last six years. On enquiry at Lewin's, we were told that they had never heard of the cap. Probably the reason for men not adopting it lies in the fact that it would cost some fifteen shillings, which is certainly rather a long price. A dark blue cap with simply gold braid and tassel and no crest could not, however, cost anything like as much.

On Friday next, December 10th, there will be a performance of Spohr's "Last Judgment," at St. Saviour's Collegiate Church, at 8 o'clock in the evening. There will be a chorus of sixty voices, with orchestral accompaniment.

Nursing News.

(Contributed by the Matron.)

At last the much longed for new "off-duty" times are settled, and are to come into force on the 1st February, 1898. They are given in detail in the report from the House Committee in another part of this issue, so we need not repeat them here, but we wish to congratulate those who are destined to work under the easier regime in prospect, and to add a hope that better health and increased devotion to duty will result from the very liberal opportunities offered for recreation and rest. The hours of work when the new plans are started will compare most favourably with those adopted in any part of the nursing world, or, indeed, of the "working" world, for the average day's work (counting for four weeks, exclusive of Sundays) will be only eight and a half hours long.

It is also being arranged to add to the "off-duty" time of the sisters, by giving them from Saturday 4 p.m. to Monday 10 a.m. twice in four weeks, instead of only once, as at present.

Miss Barnitt has been appointed Probationary Sister of Patience ward, and took up her duties on November 8th. Miss Barnitt trained here as a lady pupil some years ago, and has since been constantly engaged in nursing, chiefly for the Q. V. J. I. Since July she has been taking sisters' "holidays" in the hospital.

Miss Knott (Sister Gertrude) left the hospital on Wednesday last. Home duties obliged her to resign, and we much regret her departure.

Miss Davidson (Sister Aimée) was appointed night sister on Wednesday, December 1st. Miss Davidson entered the hospital in February, 1893. She served for some time on our private nursing staff, and afterwards was made head nurse in Lydia ward. Later on she served for three months at Athens during the war, and since her return has done various "holidays" in different parts of the hospital.

Probationer Tubbs was made head nurse in Cornelius ward on November 30th.

At the meeting of the House Committee on November 23rd, it was agreed that in future all probationers who have served one year, and passed the medical, surgical, and nursing examinations should be provided with a course of instruction in pharmacy and dispensing. Accordingly on Monday, November 29th, the new class was formed, numbering 25, and commenced work under Mr. Collier. The classes on Thursdays for head nurses and lady pupils are still carried on.

The following is the list of Probationers and Lady Pupils who have successfully passed the Nursing examination held in November; the average of marks obtained was unusually high:—Adeney, Allen, Arnold, Barber, Bayliss, Boyd, Bowen, Bridges, Brooke Hunt, Brooker, Broomfield, Brown, F., Brown, M. A., Bullock, Burrows, Caudy, Carey, Cheetham, Collins, Custance, Daniells, Dolling, Durant, Finnemore, Garnett, Grasett, Grundy, Hands, Haughton, Hadmer, Haydon, Holt, Howlett, Jackson, Jeffrey, Johnston, Kerr, Kew, Knox, Lane, Lownds, Martyn, Morrah, Newton, E., Newton, H., Orr, Pearce, Pegler, Plummer, Potter, Ransford, Ray, Reed, Renwick, Simpson, Smythe, Taylor, K. A., Tonkin, Vincent, Wilson, Woolmer, Wood, Yell.

Pass List, November, 1897.

University of London.

B.Sc. EXAMINATION.

First Division.—E. A. Miller.

Second Division.—L. E. Stamm.

Royal College of Surgeons of England.

Final Fellowship Examination.—C. H. Fagge, G E. Manning.

Primary Fellowship Examination.—D. S. Graves.

Examination for the Diploma in Dental Surgery.—G. O. Betts, T. W. Bromley, H. A. G. Butler, H. A. E. Canning, J. K. Clark, F. E. Corin, J. M. P. Crombie, H. L. Dorrell, E. B. Dowsett, A. M. Kempe, A. Kendrew, G. Marshall, E. H. Musgrove, G. A. Pedley, S. J. Redpath, V. G. Smith, C. B. Stainer, B. J. Sumerling, A. W. Walker, F. Ward, W. Wilmore.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

"Hospital News."

DEAR SIR,—I think it would be a great pity to discontinue the "Hospital News" from the columns of the GAZETTE. It is certainly true that it is by no means an everyday occurrence to behold an "ultra-keen student perambulating the wards GAZETTE in hand, taking stock of all the good things mentioned," yet it is an undoubted advantage to have a classified list of cases, whereby one may see at a glance if there be any specially interesting one at that time in the hospital. It not unfrequently happens that there is a "run" of such.

I should like, however, to offer one or two suggestions, which, I venture to think, might enhance the value of the list, if they could be carried out.

Could not the diagnosis on the medical side be supplemented by one or two brief facts about the case, which need not occupy more than a line or two at the most, and on the surgical side, by a note of the operation performed and what was found? For example:—

"Peripheral neuritis. Alcohol. Loss of memory.

"Sacro-iliac disease. Joint opened. Growth of ilium found; too large for removal."

This was done two or three years ago, and certainly rendered the lists more intelligible and instructive to those not immediately concerned than is at present the case.—I remain, yours faithfully,

Guy's Hospital. ONE WHO OBJECTS.

Obstructed Labour.

DEAR SIR,—I have read with very great interest your case from the Charity. May I be permitted to cap it?

Some ten years ago a brother practitioner sent round a note at 6.30 p.m. asking for assistance, $CHCl_3$ and "bring any instruments you've got."

The patient was a strapping primipara who, under the supervision of an unqualified midwife, had been in labour all day. The left hand presented from the vulva, and the general conditions appeared very similar to those described in your case. My partner, a man of 60 and long experience, directed me to give an anæsthetic, found that the child was dead and produced a scalpel from his pocket with which he amputated the left arm at the shoulder, after which he turned and delivered. I venture to think that this operation was preferable either to attempted embryotomy or to Cæsarean section: it lasted less than twenty minutes.

N.B.—The child *was* dead. I have no wish to proclaim my identity, and beg to sign myself

AN OLD GUY'S MAN.

Town Hall, West Bromwich.
November 21st, 1897.

From the Gazette's Special Pathologist.

Directions to be followed in sending *Diphtheritic Membrane*:—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

All specimens to be addressed to the GAZETTE PATHOLOGIST, Medical Office.

NOTICES.

E. R. M., HASTINGS.—No tubercle bacilli can be found in the pus which contains a small amount of mucus, with staphylococci, streptococci, oidia and various bacilli whose identity cannot be made out by the microscope.

H. C. L. M., BOGNOR.—No Klebs-Löeffler bacilli could be found on the blood-serum after incubation.

J. H. G., ALDERSHOT.—The specimen shows a squamous-celled epithelioma, the surface of which is warty. It has invaded the subcutaneous tissue, but not deeply. PATHOLOGIST.

Guy's Hospital Debating Society.

THE first meeting of this Society since the opening of the present session was held in the Smoking-room on Saturday, November 20th, at 8 p.m. Dr. Pavy took the chair. The motion for discussion was "That this House emphatically condemns the attitude of Labour towards the rights of Capital." This was proposed by Mr. Frank Shufflebotham, who it was announced would have as supporters Mr. David Howard, J.P., and the Treasurer. The latter gentleman telegraphed just before the meeting that he was prevented from coming. Mr. E. Ivens Spriggs was the opposer, who was to have been supported by Mr. William Allen, M.P., who was prevented from coming. In spite of the unavoidable absence of the two M.P.'s who had promised their assistance, there was a very good debate, no long intervals occurring between the speeches. About eighty members were present during the evening. The minutes of the last meeting having been read, the Chairman called upon the proposer to open the debate.

Mr. FRANK SHUFFLEBOTHAM, in commencing, said that his own experience had laid more in the direction of labour than in the possession of capital. The motion before the House naturally led them to enquire what the rights of capital were, and in order to get a clear idea of capital it would be as well to define it. The best writers on Economics had set down that capital was that part of wealth which was set aside to assist future production. It consequently would be the

result of saving, and they would readily see that it might not only consist of the weekly wages paid, but of raw material, machinery, stock, etc. Moreover, industry of all kinds, the speaker maintained, was limited by capital, and productive labour was employed and supported by capital, which was indispensable to it. As a return for the part which capital takes in the production of wealth, a reasonable share of the profit must be apportioned to it, the reward naturally varying with the circumstances of the investment. The part of labour in the production of capital, it must be admitted, was equally important to that of capital, but a difficulty arose when they began to apportion the reward which each should receive. The reward of capital in the present day was neither unreasonable nor exorbitant when we considered capital invested without risk, as in consols, produced little over 2 per cent. In mercantile undertakings, for many years past, the share of profits apportioned to capital had declined, but wages had increased, as also had the value of money, whilst the hours of work had been considerably lessened. Wages no sooner reached a higher level than the new level was taken advantage of to mount higher still, whilst, on the other hand, the hours of labour were no sooner reduced to a shorter period than a demand for a shorter time still arose. Could we withstand the strain of this great reduction of the hours of labour, in the face of the present keen foreign competition. The danger arising from the exorbitant demands of labour, and the consequent disputes and strikes which arose, were detrimental to the nation at large, since whilst British trade was at a standstill, the foreign competitor gained a foothold which he never lost. Lastly, the present attitude of labour crushed anything like enterprise in trade, since capitalists who might think of launching forth into such were afraid of failing, owing to some unforeseen dispute arising from the fresh demands of labour.

Mr. E. IVENS SPRIGGS, in opposing, said that Labour has, and has had from the beginning, certain economic and social rights with which it has never been accredited. Capital was only the means of producing wealth on a large scale, but could not produce wealth of itself, labour being the only wealth producer. It would be no permanent harm if capital were all to disappear, for wealth would soon reappear because of labour being still present. Since, therefore, capital is only a means for the organization of labour for the production of wealth, and capital without labour is useless, it follows labour has a right to a fair share of the profits produced by any continuation of the two. But, surely no man can say that a minimum wage, which is often scarcely sufficient to live on, is a fair share of those profits, and in only very few cases do wages rise with a rise of profits. Proceeding to the engineering dispute, there was a practical and an ideal side to the eight-hours question. Education was now extended to all classes of society, and the worker often feels that he cannot find his hobby, as it were, in his daily tasks, which are often purely mechanical, and he therefore required leisure in which he might follow up those things in which he took an interest, and for the purposes of self culture. This was the ideal side of the question. To turn to the practical, we see, on looking at the past, that the hours of labour have been reduced somewhat, and that since the ten-hour day has been reduced to nine hours the production has doubled, and many of the firms which were going at that time are still in existence doing business on a much more extended scale. In no light could the demands of the men be deemed unreasonable, and he trusted the House would not think so.

Mr. DAVID HOWARD, J.P., speaking in support of the motion, said that the interference by the workmen with the management of a business by which they were employed could not be tolerated under any conditions, but he thought if employers dealt honestly by their men and treated them fairly no troubles would arise. For himself, personally, he preferred to deal with his men direct, and not through any outside representatives. His men might belong to trades' unions if they pleased, he was not going to enquire into that; so long as they worked for him properly he did not care whether they did or not. The men's organizations often made vexatious regulations, which were detrimental to the employers' trade, *e.g.*, owing to some regulation of their trade's union, the English glassblowers could not produce the little phials he required for sending out his drugs in, at anything approaching the price he got them from Germany, and he therefore naturally went to Germany for them. The opposer had maintained that labour was the ruling power in the production of wealth. For his part, he thought it was neither labour nor capital, but ability. This need had been well put forward in Mr. Mattock's paper on the "Buckjumping of Labour" in a recent number of the *XIXth Century*. When British trade ceased to be backed by ability, the sooner our competitors triumphed over us the better.

Mr. F. G. HOPKINS said that he wished to know if the motion was intended to condemn trades' unionism in the abstract, for if so he did not agree with it. We had not far to go to see the possible benefit of it, for the medical profession was sadly in need of some sort of combination, in order to deal with the question of clubs. In this case we have to deal with the labouring man as a capitalist, and a very bad master he makes.

CAPTAIN PAVY said he considered one advantage of trades' unionism was the conferences which it had brought about between masters and men, so that then each had heard both sides of the question. Without trades' unions the men would be in the condition they were in twenty-five years ago, which was by no means to be desired. In spite of all the labour changes of the last twenty-five years, Britain continued to go ahead in trade. Although he thought trades' unionism a benefit on the whole, there were instances in which its power was abused. He remembered a case in which a strike of a particular trade had been arranged, but the workmen with whom he was concerned had promised their employers not to go out, as they were well dealt with

and were satisfied; but the next day all these men went out on strike, owing to being compelled by other men of the district. Such cases as this, of course, were instances of the tyranny of labour.

Messrs. Fremantle, A. W. Ormond, W. Porritt-Taylor, W. R. Cazenove, and W. K. Wills having spoken, the Chairman called upon the opposer and proposer to reply, after which the House was divided. The numbers were—

Ayes	31
Noes	34
Majority against the motion ...	3

Votes of thanks to the Chairman and visitors were passed, and the proceedings terminated.

A New Test for Aniline.

If one or two drops of a solution of ferric chloride are added to a solution of aniline or its salts, and the mixture warmed, the colour darkens and becomes of a reddish brown tint. This change occurs most readily in neutral or faintly acid solutions. If one or two drops of dilute HCl are now added, the colour changes from reddish brown to a beautiful transparent dark green tint. This play of colours is characteristic of the presence of aniline or its salts, and as it occurs in very dilute solutions, it presents a very delicate and beautiful test for aniline. I discovered it by accident whilst working in the toxicological laboratory at Guy's. G. E. RICHMOND.

Papers by Guy's Men.

On the Importance of Rest in the Treatment of Acute Phthisis. By H. Johnstone Campbell, M.D. Lond., M.R.C.P.—*Lancet*, 13th November.

The Prevention and Treatment of Puerperal Septicæmia. By A. L. Galabin, M.A., M.D. Camb., F.R.C.P. Lond., *Clinical Journal*, 17th November.

Pneumothorax Caused by Direct Violence without Fracture of the Ribs. By Walter Kidd, M.D. Lond. *Lancet*, 13th November.

The Forcible Reduction of Spinal Curvatures. By Alfred Parkin, M.S., F.R.C.S.—*Clinical Journal* 17th November.

Supplementary Croonian Lecture on Points connected with the Treatment and Pathology of Diabetes. By F. W. Pavy, M.D. Lond., LL.D., F.R.S.—*Lancet*, 20th November.

A Case of Acute General Suppurative Peritonitis treated by Laparotomy; Recovery. By Chauncy Puzey, F.R.C.S. Eng.—*Lancet*, 27th November.

In the list of contributors to the "Betts' Testimonial" in our last issue the name E. H. Hay should have been E. H. May. An additional list will appear in the next issue.

Hæmophilia.

Paper read before the Dental Society on November 9th, by Mr. F. W. S. Stone.

Mr. Chairman and Gentlemen.—You will, I know, pardon me for choosing a well threshed out subject, viz., "Hæmophilia," to talk about this evening—still, as this form of hæmorrhage is commonest after even the most skilful tooth extraction, I think it incumbent on us to pay special attention to the recognition and the means for checking it, should we unfortunately meet with a case.

An old proverb runs thus, "Call no man happy until you see him dead." We may say in our turn, "Let not the smartest L.D.S. think he will always escape Hæmophilia."

This disease, gentlemen, may be compared to Fate in the unexpectedness of its occurrence. Fancy it being talked over countless tea tables in a provincial town that Mr. —— pulled out a tooth and some time after the patient bled to death. Such discussions as this, interesting doubtless to the tea drinkers, means the probable ruin of a dental practice, the British public not being in the habit of finely discriminating between the various forms of hæmorrhage and what is or is not the fault of the dentist.

We have in dentistry to meet three dangers, and the lucky ones always escape. They are:—

(i.) Death from alveolar hæmorrhage.
(ii.) Death under gas or chloroform.
(iii.) Fracture of mandible during extraction.

The frequent occurrences such as fillings dropping out a week after insertion, ill-fitting dentures, fracture of teeth, crowns coming off, all may be lived down, but remember, dangers (i.) and (ii.) necessitate the publicity of an inquest "and get into the papers."

Hæmophilia signifies "I am wont to do blood," from (αἷμα φιλεῶ).

In certain diseases, *e.g.*, scurvy, jaundice, and albuminuria, the coagulability of blood is diminished; also in those generally out of condition, with soft and flaccid tissues, but with these hæmophilia has nothing to do, it is always congenital, hereditary in male line, and without any apparent derangement of health or morbid condition. And herein lies its grave danger to us, as we have no data to go on unless the patient gives us information. This is generally done if several members of one family have suffered. If no history be given and the tooth be extracted, the unfortunate dentist has several anxious days to face.

The only constant sign of the diathesis is the free oozing which takes place from trivial wounds, specially after these in their ascertained order of regularity:—

(i.) Tooth extraction.
(ii.) Abscess opening.
(iii.) Leech bites.
(iv.) Gum lancing.
(v.) Trivial wounds on body.

Here you see the dentist stands in the forefront of the risks. Now, remember the blood does not flow in a jet, but is a rapid oozing from capillaries. The hæmorrhage, usually traumatic, may be spontaneous from nose, bowel, kidney, and in the subcutaneous connective tissue.

Women suffer from hæmophilia in the form of profuse hæmorrhagia, losing enormous quantities of blood, but this form will not come under our observation—women are far less liable, and in them it is less fatal. It was stated formerly they were exempt, but this has been denied by Wickham Legge, who mentions one special case where death ensued from rupture of hymen. Whitlor strongly counsels bleeders not to marry, and also states that many deaths have occurred after tooth extraction. The subject has been very fully investigated in Germany, a nation, the members of which are said to be specially liable, and observers there state that the fatalities from hæmophilia are not quite so numerous as has hitherto been thought. This is a small grain of comfort for the dentist. Diagnosis is difficult, but bear in mind the following data :—

"If a patient, generally a young one, has suffered repeatedly from abundant bleedings, especially if traumatic and simultaneous, joint affections," you may be on your guard.

Joint affections, painful and sudden swellings of one or more joints, either spontaneously or after injury, the joint becoming filled with blood and synovia. Relapses frequent and convalescence very slow, with adhesions forming in joint.

Pathology unknown with any certainty; too much conjecture and theory.

(i.) In some cases the inner arterial coat has been abnormally thin, and degenerative changes in the endothelium.

(ii.) A want of proper contractility in the vessels.

(iii.) Blood deficient in corpuscles, watery and uncoagulable.

(iv.) Excess of blood (Polyæmia).

Now, Eniken states that the blood in the early stages is coagulable, healthy and good in colour, but after great loss it becomes paler, and the coagulum less firm. You will compare this statement with what Dr. Richardson says (see later on).

Now what are the *undisputed facts* :—

(A.) It is a hereditary disease.

(B.) More frequent in males.

(C.) Congenital.

(D.) No race of men are exempt. Jews and Germans specially being liable.

In true hæmophilia we have as yet no remedy of value.

Generally. Cold sea baths. Dry air, iron and ergot.
Locally. Pressure.
Styptics.
Cold.

We will revert to this in our account of treatment.

Now, in 1858, and again in 1890, Dr. B. N. Richardson gave special attention to this subject of hæmophilia and quite roused the dental world to a sense of the importance of its recognition and treatment. A discussion followed in which many well known members took part. I will endeavour in my humble way to follow the lines of this paper and subsequent discussion, and here let me remark that the object of the creation of the Guy's Hospital Dental Society is to try and cause the members to think out and discuss matters for themselves, not to fear to speak out and criticise the contents of this or any other paper. Some have to catch trains, others are indifferent, so the meetings, I regret to say, seem to be somewhat lacking in what is termed "Go." I am sure our dental staff help us along all they can, but we must also help ourselves and not emulate the silence of a Quaker assembly.

Hæmorrhage is divided into two great classes :—

(A.) Abnormal fluidity in the blood or *purpuric hæmorrhage* divided into two sub-classes. (i.) Aqueous. (ii.) Scorbutic.

(B.) Deficient contractile power of divided blood vessels, or *vascular hæmorrhage.*

(C.) Mechanical lesion favouring flow of blood, or *mechanical hæmorrhage.*

Now, the aqueous hæmorrhage of Dr. Richardson is true hæmophilia, and it is to this I request your earnest attention.

Here the blood is in a condition of extreme fluidity, due to excess of water, but no actual deficiency in fibrin; physique good. The cohesive attraction between particles of the colloid is reduced, and blood, imperfectly protected by plastic fibrin, runs from vessels in a fine stream or is diffused as purpuric clot into the periphery of vascular organs. Specific gravity of this blood 1035 or 15° only above that of the urine. It yields no clots on shaking. Corpuscles large, pale, and globular. Water 860 in 1,000. Fibrin 1 in 2000.

The patient knows his blood flows with dangerous freedom, but he may not have any purpuric eruption, he may require no tooth extraction, and passes through life suffering from this "purpuric diathesis." A blow, or prick, or exposure to cold, or even the pressure of the dress may bring out a purpuric eruption. If skin be frozen with ether spray, the purpuric spot will follow. The purpuric eruption may be developed by other causes in those predisposed.

(i.) In alcoholics.

(ii.) After excessive bodily or mental fatigue.

Character of eruption is distinctive, being a superficial bruise, but *no* swelling or hardness. The blood never becomes of natural quality in these people. Other remote origins of this example of purpura are—

(i.) Central and nervous.

(ii.) Markedly hereditary.

(iii.) After severe frights or grief.

The patients are not emaciated but are generally ruddy and good looking.

(*b.*) Saline type of purpuric hæmorrhage.—Here no deficiency of plastic matter but extreme fluidity due to excess of soluble saline material. This condition is

well seen in scurvy, produced by too long subsistence on salt foods, the body exposed to extreme cold (*e.g.*, early arctic explorations), advanced alcoholics suffer also, and those victims to the chloral habit, as the sodium formate caused by decomposition of the chloral prevents coagulation. In this form sp. gr. of the blood is *increased*, the attraction of cohesion in the fibrin is suspended by the presence of an agent, which holds the water in too close combination with colloidal matter. Here the fibrin, albumin and colouring matter diffuse through the membranes. Hence the spongy gums; no hereditary taint, but always some error in diet, or toxic habit. Eruption sharply defined as a spot spontaneous and not induced by injury. Blood fluid when taken from body, but fibrin speedily separates. Corpuscles shrunken and crenated, transudation of blood by the mucus secretions and cardiac venous murmur. Very few saline purpurics have hæmorrhage after tooth extraction.

Vascular hæmorrhage.—Classes of people that suffer.

(i.) Well-nourished young subjects, generally fat, generally have spinal curvature, or distorted limbs, slight accidents produce bruises, with swelling followed by firmness of structure.

(ii.) Anæmic; bleed readily. Clot loose and yields large exudation of water, yet coagulates sufficiently.

(iii.) Alcoholics, with vascular cheeks, feeble hearts and nervous uncertainty.

(iv.) Syphilitics with advanced arterial degeneration (see the specimens at Netley Hospital).

Mechanical hæmorrhage from fracture of alveolus, or tearing away piece of it.

Question of Treatment.—There is rarely any great reason for flurry, remembering that it takes a long time for a person to die from alveolar hæmorrhage. Faintness is a distinct advantage, as it relieves the "tension" of the circulation, and makes it easier to manipulate in the mouth.

In every case of suspected hæmophilia ascertain if the blood is coagulable or not. If a little of it caught in a watch-glass goes into a firm clot in three minutes, much cause for alarm is removed, as the blood is in a favourable condition for forming a plug. The keystone of success lies in keeping the circulation quiet, hence the advantage of faintness. No alcohol should be given, even if this supervenes, for the following reasons:—

(i.) It excites the patient, and renders him restless and nervous.

(ii.) Relaxes arteries and favours escape of blood.

(iii.) Entering circulation in a diluted state, it acts after the manner of a salt in destroying the coagulating quality of the blood.

(iv.) Increases cardiac action to throw more blood out at bleeding point.

Keep patient recumbent, and give small and frequent quantities of milk and water. If the blood does not clot and is discharged in a steady stream, it will be necessary to produce secondary or albuminoid coagulation, as no blood is so constituted that it cannot be made to coagulate. In the most fluid blood there is albumen, which can be artificially coagulated by—(i.) Tannin; (ii.) Perchloride of iron; (iii.) Subdued actual cautery.

In the two first named we have substances which will coagulate albumen even if not heated, but will instantly coagulate if heated to 150° F. If they fail, resort to the cautery at once.

Electric cautery is preferable, as it does not alarm patient, and heat of terminal probe is sustained in alveolus. Next test is the small iron cautery bulb made red hot in flame of spirit lamp or gas jet. Let it cool until redness has gone, then insert deep into alveolus. Heat should be 140° to 150° F., 140° F. generally being enough. Erichsen does not approve of styptics or cautery, as he says the parts become swollen and fall into slough, which on separating may expose a surface from which blood freely oozes. He prefers ice or irrigation with iced water, but the difficulty of this procedure in the mouth will be apparent.

Treatment of vascular and mechanical hæmorrhage.—

(1) The styptic.

(2) The plug with pressure, with or without the styptic.

(3) The cautery.

Of styptics the best is nitric acid, but this agent is extremely caustic and destructive. "Styptic colloid"—a mixture of Tannin in Collodion with Tinct. Benzoine Co.—is most useful, applied on cotton wool, a firm plug being readily made, or Fletcher's carbolized resin used in the same way, this latter containing carbolic acid, which is valuable as an anodyne, remembering that a plug in the alveolus soon causes great pain, discomfort and swelling, and should not be pressed in too tightly.

Plugs with pressure.

(i.) Cotton wool saturated with either of the foregoing. The alveolar cavity must be carefully dried with lint, and the colloid inserted layer by layer by means of forceps (points dipped in oil). Cap all with dry wool, and press with finger till plug is solid.

(ii.) Perchloride of iron plugs made by soaking cotton wool in iron solution, and then drying the cotton. Plugs thus made may be kept in a bottle.

(iii.) Gutta percha styptic plugs. These are discs of gutta percha satured with the desired styptic. One of these is picked up with forceps and held in hot water to soften, when it is inserted into alveolus and pressed until it becomes firm. The fact of the disc being hot is an advantage, as heat favours coagulation.

Other means of arresting hæmorrhage.

(A.) Replacing of extracted tooth in socket. This is said to be a most difficult proceeding.

(B.) Washing out alveolus with Dilute Nitric Acid.

(C.) Washing out alveolus with twenty per cent. solution of Peroxide of Hydrogen.

(D.) A course of Mag. Sulph. and Iron for a week before extraction.

(E.) Loosening the tooth with elastic bands, changed daily.

(F.) Styptic plug to be kept in place by a strut wedged between adjoining teeth, or figure of 8 ligature.

(G.) A course of ergot of rye, which causes contraction of organic muscular fibre.

(H.) The lime treatment of Dr. Lauder Brunton. If the defect is due to diminution of available calcium salts in the blood this procedure is very valuable. Liquor Calcii Chloridi, B.P., one ounce in one pint of water as enema; as a local styptic one per cent. solution of Liq. Calcii Chloridi (stronger solutions should not be used, as coagulation is retarded after a certain percentage of calcium has been exceeded); or Liq. Calcis Sacchar. may be given in milk, the admixture with sugar rendering the lime more soluble.

(I.) Drugs which increase the number of white blood corpuscles and so increase the fibrinoplastic element, remembering cell fibrinogen is contained in the white corpuscles. These drugs are camphor, turpentine and pilocarpine.

Effect of blood swallowed by patients.

No need for anxiety. The blood is digested and re-re-assimilated if not in too large quantity. If the quantity swallowed be great, vomiting speedily relieves the stomach, with generally a return of the faintness. Here sucking pieces of ice will be found of advantage.

In the discussion that followed, Mr. Wynne Rouw (chairman) spoke of the importance of not plugging alveolus too hard, moderate pressure being sufficient. The lint should be inserted piece by piece, and the number of pieces counted.

Mr. Sumerling spoke of the extreme difficulty of replacing the tooth in its socket.

Mr. Musgrove stated that a case of hæmophilia passed beyond the province of the dentist into that of the surgeon.

Viva Voce.

FINAL EXAMINATION OF THE CONJOINT BOARD.

(Continued.)

Viva Voce Examination in Medicine.

(About ten minutes with each of a couple of examiners, at the same table, immediately after an examination of the same length in midwifery and gynæcology. Specimens of urine in the foreground. Testing apparatus to left. Pickles to right. Cheery face of examiner, shining beyond specimen glasses).

(Pointing to one specimen with copious pinkish deposit of urates). What is that precipitate? Under what conditions would you get it? Do you often get it in normal urine? And under what morbid conditions may you get it? Well, if you had mitral disease with very bad anasarca and so on, what would the urine look like? And what would be the signs of the condition clearing up? What medicine would you give? To what is cloudiness in urine due? (Phosphates). In what urines do they occur? How would you test for them in an acid urine? To what else may cloudiness be due? (Albumen). Oh? Take that, and test it? (Boiled it). To what was the cloudiness due then? (Albumen). Oh? (Blood). Yes, of course it may be. How would you tell the nature of the disease? (It would probably be Bright's disease). What would be the characteristics then? (Candidate hedged, and an uncomfortable ten minutes was cut short by the ringing of a bell).

The second examiner then pointed to a plate of ancient and distorted pickled specimens. The first was diagnosed as a suppurating cystic kidney; and the only pathological causes for it that the candidate could remember were consecutive nephritis and emboli. The second specimen was rashly diagnosed as a brain and pons; but on further consideration was concluded to be one of thyroid enlargement and trachea. The third was a heart and great vessels with a fusiform aneurysm of the aorta and extensive atheroma; the fourth a lung with double basal pneumonia and old pleurisy. Asked as to the causation, the candidate could not venture any suggestion. The following good microscopic specimens were shown:—Chronic interstitial nephritis; lung, pneumonia; a gland of some sort with infiltration of leucocytes; and tetanus bacilli. In each case the examiner asked for the diagnosis and the main microscopic change seen in the field?

Viva Voce in Midwifery.

Candidate was shown to a table on which were a long row of obstetric instruments, of which he felt sure he could recognize barely half. However, the examiner was the most delightful examiner that ever was, and did not refer to any instruments.

Have you ever seen chloroform given in labour? He asked. How was it given? At what stage? How deeply? What is the position of the patient, and why?

If summoned by a midwife to a case of flooding after delivery, what would you do? (Abdominal pressure; remove remains of placenta). What else? (Ergot, if uterus is not contracted). What else? Would you use hot water? How hot would you use it?

Now, as to a placenta succenturiata; you've heard of it, I suppose? What is it? Now, this will be rather a difficult question and perhaps you will not be able to answer it. But if such a placenta were still left in the uterus, how could you tell that it was so? (You might find a vessel, branching off from the funis of the main placenta, broken off short). Yes; perhaps; and how else? (Incomplete membranes). Yes, there will be a hole in the membranes, will there not?

If a woman complained of pain 24 hours after labour, to what is it probably due? (Retained placenta. Sepsis). Sepsis where? (In the uterus). Is that painful? (Not much). Well, what else? . . . How would you treat it, anyway? (Pass hand up, after seeing that rectum and bladder were empty). Ah! how would you tell that? (By enquiry and by passing a catheter if necessary). Yes; won't it probably be retention of urine that causes the pain?

How long should a child be suckled? How often should it be fed at the end of a month? How much should it have at each feed if brought up by hand?

(To be continued).

Sport.

Association Football.

GUY'S v. CROYDON PARK.

This game, played on the Park's ground at Thornton Heath on November 13th, ended in an easy win for the Hospital by five goals to nil. Humphry (2), Hughes, Mandy and McAlpin scoring. Team :—

GUY'S.—A. R. Thomas (goal); W. Robson, A. E. Longhurst (backs); R. B. Hall, J. McAlpin, R. H. Swan (half-backs); P. S. Mandy, H. K. Lacey, A. Hughes, L. Humphry and C. F. Witcomb (forwards).

GUY'S v. REIGATE PRIORY.

For this match on November 20th at Reigate, the Hospital went down short, the general impression being that A. B. Carter would turn up on the ground. A very fair substitute was found, and the Hospital started down the hill, having as usual lost the toss. The game ruled very even, both sides attacking strongly, Reigate scored first owing to a misunderstanding between Longhurst and his partner. Barker, our last year's captain, now the Priory's goal-keeper had some anxious times, but Hughes was shooting wildly, and the Hospital attempts were easily cleared. Reigate's inside left was allowed to run right through and score, an effort which easily might have been frustrated. Barker was again called on to clear, and Humphry taking a good pass from the right wing scored the Hospital's only goal. Reigate scored again during the first half.

The second half was very even, nothing being scored, although both goals had some narrow shaves, and so the game ended. Reigate Priory three goals, Guy's one goal.

REMARKS ON THE GAME.—Thomas is getting back his old form in goal, but he must judge long shots quicker. Longhurst played a sturdy individual game, but missed his back to combine with. This lack of combination among the backs accounted for the break away goals of the Priory, two of which might have been prevented.

The halves have not played better this year. Swan's quickness on the ball being a decided improvement on Joy's, and his corner kicking decidedly good. Hall and McAlpin are combining nicely together.

The forwards are improving and showing signs of combination. Hughes is rather wild in his shooting and passing. Lacey combines well at times with his partner, and with more practice in shooting should turn out a thoroughly useful forward. Witcomb was well fed by Humphry and more should have come of his chances. The inside men and centre forward had a tendency to clash.

Altogether it was by far the most enjoyable game this season, and after the match the Guy's team were hospitably entertained to tea at Dr. Hayes' house, Dr. Hayes being an old Guy's man. Team :—

GUY'S.--A. R. Thomas (goal); Sub. and A. E. Longhurst (backs); R. B. Hall, J. McAlpin, R. H. Swan (half-backs); P. S. Mandy, H. K. Lacey, A. Hughes, L. Humphry, C. Witcomb (forwards).

GUY'S v. OLD FORESTERS.

Played at Honor Oak on November 27th, and resulted in a drawn game of two goals each.

Guy's kicked off against the wind and assumed the aggressive at once, one or two shots being put in which were saved by the opposing goal-keeper with difficulty. The Old Foresters in turn attacked, and from a long shot, scored. The goal was a good one, but might have been saved by Thomas if he had been rather quicker in getting towards the ball. Shortly afterwards Humphry scored a pretty goal for us, which was unfortunately disallowed on account of his being offside. The game was very even, and at times fast. From a pass in midfield Mandy secured the ball, and by a very good run down, scored with a clever oblique shot which gave the goal-keeper no chance. Thus at half-time the score was level.

On changing over Guy's at once pressed, and from some smart passing Ash was able to add a second goal. At this point the Hospital had nearly all the game, and it was only the old fault of weakness in front of goal that prevented the score from several times being increased. Ash was the chief offender in this, missing several good openings. The Old Foresters' right wing broke away two or three times, and from one rush a goal was scored. No more scoring took place, the game ending in a draw of two all.

Robson was away and Hughes was taken from the forward line to fill his place, which he did with credit. From the half-back line Swan was absent, Joy occupying his position. It is a pity that in view of the approaching cup-tie the regular team could not have been got together. As it was, the combination showed improvement, but the shooting at goal was decidedly weak. This is a fault which can be remedied by more frequent visits to the ground for practice. Lacey is getting on better at inside right, and though he has still a good deal to learn should in time make a capable forward. He must make the most of his opportunities for scoring, and shoot harder and more often than he does at present.

In goal Thomas seems to be returning, though somewhat slowly, to his old form. On Saturday he dealt with the shots sent in to him in a better manner than he has been doing lately. We should like to see him, however, smarter in getting on the ball, and rather more sure in catching shots off the ground. Team :—

GUY'S.—A. R. Thomas (goal); A. Hughes, E. A. Longhurst (backs); R. W. B. Hall, J. McAlpin, G. P. Joy (half-backs); P. S. Mandy, H. K. Lacey, J. Ash, L. Humphry, C. Witcomb (forwards).

GUY'S 2ND XI. v. OLD FORESTERS 2ND XI.

Played at Snaresbrook on Saturday, November 27th. Guy's took a weak team down, three of our regular forwards being absent. For the first fifteen minutes play was very even, then Wallis obtaining the ball from a pass by Roberts, tricked the opposing back, and scored with a

good shot. Although our opponents tried hard to equalise, the result at half-time was one to none in favour of Guy's.

On resuming the Old Foresters' attacked vigorously, and seemed certain to score, but Smith cleared well. Our forwards then got on the move and Peall scored again for us. Guy's had the best of the game from this point, and a third goal was scored by Hughes. Rev. R. C. Guy, and Millar tried hard to score for the Old Foresters', but our defence was too strong for them, so the game ended in a win for Guy's by three goals to nil. Team :—

Guy's.—F. M. V. Smith (goal); H. Tipping, T. G. Miles (backs); —. Chandler, D. G. Greenfield, L. G. Nash (half-backs); V. Wallis, W. L. Roberts, L. O. Card, L. J. Hughes, R. B. Peall (forwards).

Rugby Football.

GUY'S v. OLD MERCHANT TAYLORS.

The Hospital men proved to be in great form in this match, and eventually beat their opponents by two goals and one try, (13 points) to nil. The victory was in every way deserved, and at all points our representatives were superior.

Wetherell was again unfortunate with the toss, and Thomas kicked off from the far end of the ground. Play at once ruled fast, and Wetherell on one occasion neatly feinted through, but was badly supported. Rae at this point was injured, but pluckily continued playing. At length, from a fine rush, Sime dribbled over in great style, and scored in a favourable position, but Walker failed to improve. The game continued to be very fast and keenly contested up to half-time, but no further score resulted, though the O.M.T's. on several occasions looked very dangerous. In the second half Sime scored as the result of fine passing amongst the backs, and Wetherell, running in brilliant fashion from half-way, gave a splendid opening to Walker, who ran in close to the posts. Cutler converted neatly on both occasions.

The forwards in this game played extremely well, and completely outplayed their opponents. We sincerely hope that they will maintain this form, in which case we may feel secure of many victories. Thomas is at length showing his true form in the open, and moreover—still more pleasing—is doing his share of work in the pack.

The three-quarters did not combine well; but there was no lack of individual good play, Sime and Pye-Smith especially doing many good things. We would venture to suggest a course of running and passing at Honor Oak, for the whole quartette, once a week. Undoubtedly the weak points are in passing and taking passes.

Wetherell is in splendid form this season, and improves in every game. We would point out to others that this is only the results of keenness, and, with such an example from the captain, we have no doubt that we shall eventually develop a very fine side.

Walker is playing better, but has one or two obvious faults. One is his tendency to get off-side, the result of fearing the opposing half-back; another is, that, in spite of his offside tendency, he never prevents his vis-à-vis getting the ball away. He would do better to keep on his own side of the scrimmage. Team :—

Guy's.—A. C. Ransford (back); F. L. Rae, F. W. Sime, C. T. Pye-Smith, F. D. S. Jackson (three-quarter-backs); F. C. Wetherell, F. E. Walker (half-backs); F. G. Gibson, D. H. Trail, A. A. Smith, A. C. Mullins, H. A. Cutler, T. P. Thomas, A. H. Wall, A. H. Wall (forwards).

GUY'S v. LENNOX.

Much interest was centered in this match, played on the home ground, as the visitors held an unbeaten record for this season, and the first match at the Crystal Palace had resulted in a draw of eight points each. The home team had in the first half to face a very strong wind, and were consequently obliged to act mainly on the defensive. The forwards though very hard pressed, stuck to their work in determined fashion, and aided by some magnificent play by Ransford, succeeded in keeping their line intact till just before half-time, when from a line-out Betjemann got over for the visitors. Murrell failed to convert, though his kick was a good one.

In the second half it was thought that the Hospital would do better; but the men were evidently tired by their previous exertions, and though they attacked on several occasions, always failed at the critical moment. The Lennox men, too, were unlucky in not adding to their score, as on one occasion, Barrett ran over the line after some fine passing, but being tackled by Sime, lost the ball. Darkness eventually stopped the game, the home team being consequently further handicapped by playing only twenty, instead of thirty minutes with the wind in their favour. Lennox accordingly maintained their unbeaten record by the narrow margin of one try to nil.

The forwards played a hard game, but were not well together, a fact for which the absence of Mullins was probably responsible. Walker was rather feeble at half, and has not yet forgotten that he was once an Association player. However, he is an undoubted trier, and will we feel sure "come on" before the end of the season. Ransford was in brilliant form, and tackled and kicked to perfection. We much admire the persistent success with which he extricates himself from difficult positions, but it seems to us that he would do better to avoid rather than court them as he sometimes appears to do.

Rae was much missed on the wing, his substitute, Hilton, being very weak. We must confess, too, that we should like to see Sime back on the wing, though he is playing with great service to his side in the centre. There are several points, however, in which he fails in the latter position, notably in his passing, which is very erratic. We will not mention any names, but we have heard that the second XV. centre three-quarters are worth trying, and we hope the authorities will not think us impertinent in offering this suggestion.

GUY'S 2nd XV. v. LENNOX II.

This match was played on Saturday, November 17th, at Dulwich. Guy's lost the toss and started against a

strong wind. The game started very fast, there not being a scrum for a long time. After about ten minutes' play Hughes got the ball from a kick near the Guy's twenty-five, ran along the touch line to the Lennox twenty-five and then passed to Brydone over the heads of two or three Lennox men. Brydone obtained a try which was converted by Morgan. Soon after the game had been re-started Brydone got the ball from a scrum and scored another try from a tricky run. Morgan again converted. Half-time was called soon after. During the second half, Wilks scored a try, which was unconverted. Most of the second half was played in the dark, it being impossible to see the ball and making it useless to heel out. The game ended by 2 goals, 1 try to nil. Team:—

Guy's.—F. Rashleigh (back); J. Pearce, T. Morgan, G. Evans, J. Wilks (three-quarters); J. Brydone, J. Jarvis (half-backs); G. Shorland, F. Featherstone, M. D. Wood, P. T. Manson, D. P. Watson, K. V. Trubshaw, A. W. Gater, C. F. Watson (forwards).

United Hospitals' Hare and Hounds.

A five mile race under the auspices of the Lea Harriers and the United Hospitals Hare and Hounds combined, was decided on November 20th, at the headquarters at Chingford. The Thames Hare and Hounds were also invited to compete. As the paper bags had been mislaid the trail-layers were very late in setting out, and as the evening was misty it was almost dark when the start was made. The handicapper was Mr. F. W. Parker, L.A.C., the time-keeper, Mr. Cox, of the Lea Harriers, the trail-layers, F. H. D. Markham (T.H.&H.), L. F. C. Darby (L.H.) A. C. E. Vizard (L.H.). The following were the results:—

Positions.	Start.	Handicap Time.	Net Time.
1. A. L. Rye (T.H.&H.) ...	1·25	27·47	29·12
2. H. G. Lloyd (T.H.&H.) ...	2·50	27·48	30·38
3. F. G. Rye (T.H.&H.) ...	2·45	28·1	30·46
4. F. Mayne (T.H.&H.) ...	3·30	28·32	32·2
5. M. L. Kuttner (L.H.) ...	3·40	28·34	32·14
6. D. C. Sharpe (T.H.&H.) ...	4·20	29·0	33·20
7. E. H. Flack (T.H.&H.) ...	0·15	29·40	29·55
8. E. I. Brassey (L.H.) ...	3·30	29·41	33·11
9. J. F. Robinson (Guy's) ...	4·0	22·50	33·50
10. G. E. Mould (L.H.) ...	6·0	29·56	35·56
11. G. M. Bird (T.H.&H.) ...	4·45	30·10	34·55
12. F. E. Fremantle (Guy's) ...	2·50	30·47	33·37
13. W. H. Whitclaw (T.H.&H.)	Scr.	30·55	30·55

There were only two yards between the first and second. The following also ran: R. E. Brain (Guy's), J. W. Gromitt (Guy's), H. S. Langworth (Thames H. & H.), D. L. Morgan (Guy's), M. J. Rees (Guy's), F. O. Stower (Guy's), and A. M. Weaver (Thames H. & H.)

Appointments.

CIVIL.

Beddard, A. P., M.A., M.B., B.C., M.R.C.P., has been appointed Assistant Physician to the West London Hospital.

Bruce, Harold W., M.B. Lond., has been appointed by the Indian Government for Special Plague Duty in Bombay.

Garner, W. L., M.B., B.C. Camb., L.R.C.P. Lond., M.R.C.S., has been appointed House-Surgeon to the Windsor Royal Infirmary.

Jones, G. Willcox, L.D.S.E., has been appointed Dental Surgeon to the Somerset Certified Industrial Home for Boys, and also to the Home for Girls.

Rawlings, J. Adams, M.R.C.P. Edin., M.R.C.S., has been appointed Consulting Physician to the Swansea Hospital.

NAVAL.

Surgeon Philip N. Randall, M.B., R.N., has been appointed to Ascension Hospital.

MILITARY.

Surgeon-Captain C. M. Fleury, A.M.S., has been ordered to Rawul Pindi for duty with the British General Hospital.

Surgeon-Captain E. S. Marder, A.M.S., has been transferred from Orchard Portman to Devonport.

Surgeon-Lieutenant J. C. B. Statham, A.M.S., has been posted to Bengal.

Surgeon-Lieutenant Colonel Francis W. Trevor, M.B., A.M.S., is promoted to be Brigade-Surgeon-Lieutenant-Colonel, *vice* M. M. Galloway, M.D., retired. Brigade-Surgeon-Lieutenant-Colonel Trevor was in the Afghan War of 1878–80 with the Candahar Field Force, and was present at the engagement at Ahmed Kheyl; accompanied Sir Frederick Roberts in the march to Candahar, and was present at the Battle of Candahar (medal with two clasps, and bronze decorations); and with the Nile Expedition in 1884–85 (medal and clasp, and Khedive's star).

William Hamerton Jalland, J.P., F.R.C.S. Eng., has been appointed a Deputy Lieutenant of the West Riding of Yorkshire.

Birth.

Luce.—On November 18th, at Burton Road, Derby, the wife of Richard H. Luce, M.B., F.R.C.S., of a daughter.

Marriage.

Wakefield—Chadwick.—On November 25th, at Christ Church, New Malden, by the Rev. W. Allan Challacombe, M.A., Christopher Frank Wakefield, M.R.C.S. Eng., L.R.C.P., Lincoln Lodge, Horley, to Sophia, eldest daughter of the late James Chadwick, Esq., of York.

Death.

Fairland.—On October 21st, at Glen View, Gravesend, Emma Maggie, the wife of Brigade-Surgeon Lieutenant-Colonel Fairland, A.M.S. (r.p.), and daughter of the late General W. B. Thomson, C.B.

Ed.—F. E. W.

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Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied by the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the GAZETTE *bound should leave them with the Librarian.*

The annual Subscription to the GAZETTE *is* 6s. 6d.; *post free,* 7s. 6d. *All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, SECRETARY'S OFFICE, GUY'S HOSPITAL.

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING AND SIXPENCE.

Calendar of Coming Events.

December.

Sat. 18.—Mr. Howse's take-in; Drs. W. L. Baker and J. Matthews; Cl. A. E. Porter.
Lectures cease.
G.H.R.F.C., I., London Scottish, away.
G.H.A.F.C., I., Beckenham, home.
G.H.H.&H., Paper Chase. The next meeting will be on January 8th, 1898.

Tues. 21.—Mr. Rowell's Demonstration on Anæsthetics, 12 noon.

Wed. 22.—Mr. Davies-Colley's take-in; Drs. H. N. Clarke and A. R. Thomas; Cl. F. S. Batchelor.

Sat. 25.—Christmas Day.
Disguysed Minstrels' Tour of Wards.
Out-Patient Children's Tea, 2 p.m.

25—27.—Medical Office closed.

Mon. 27.—Ward Concerts.—Martha (Christmas-tree) (3–5); Philip (5–7); Eye (6.15–8); Accident (6–8).

Tues. 28.—Ward Concerts.—Mary (3–5); Job (5–7); Naaman (7–9).

Wed. 29.—Mr. Lucas's take-in; Drs. J. L. Payne and W. H. M. Telling; Cl. A. J. Cleveland.
Ward Concerts.—Lydia (Christmas-tree) (4–6); Dorcas (5–7).
Disguysed Minstrels' Entertainment in the Court Room at 8 o'clock.

Thur. 30.—Ward Concerts.—Clinical (4–6); Lazarus (6–8).

Fri. 31.—Ward Concerts.—Stephen (3–6); Samaritan (6–8); Cornelius (7–9).
Meeting of Guy's men in Front Quadrangle 11.50 p.m.

Guy's Hospital Gazette,

DECEMBER 18, 1897.

Christmas, 1897.

BEFORE another GAZETTE appears the year 1897 will have passed away, leaving behind to everyone personal memories of work done and undone, triumphs won and failures experienced, busy times, slack times, happy times, and the reverse—all of which is mere moralizing, and as such, gloomy and unprofitable for this season of the year. For is it not Christmas-time, and is not everyone in duty bound to bear on his face the smile of contentment and the look of happiness, and how can he do this if he moralizes? No, Christmas is here again, and Christmas at Guy's is no ordinary time. It is a time of real good cheer so far as is possible in any house of sickness. It is a time when serious routine work is temporarily abandoned, and everyone lays himself out to provide, not for himself, but for the enjoyment of others, and in doing this will be found the only reliable recipe for true happiness. The GAZETTE, as the mouthpiece of Guy's Hospital, calls upon everybody—students, sisters, nurses, patients, to publicly enjoy themselves, and thus to add their individual contribution to the general fund of goodwill and happiness. Many are the ways in which this can be done. There are wards to be decorated, concerts to be engineered, patients innumerable to be carried hither and thither, the children's tea on Christmas afternoon to be assisted, work plentiful and various for each and everyone. And then as the last hours of the present year pass by, moralizing if indulged in will at least be rendered more enjoyable in this one respect, namely, that Christmas was not a wasted time, but a time of profit and true happiness, with the consciousness of duty right well done, and so we wish to everyone who reads these lines

A JOLLY FINE CHRISTMAS.

Hospital News.

CLASSIFIED LIST OF CASES.

In the Medical Wards.

Circulatory System.

Mary 9. Pulmonary regurgitation.
13, 41. Chlorosis.
16. Mitral regurgitation. Purpura.
17. Ascites. Cirrhosis of liver. Enlarged spleen.
23. Thoracic aneurysm.
31. Mitral stenosis. Tricuspid regurgitation.
32. Mitral stenosis and regurgitation.
Philip 2. Mitral stenosis.
4. Thoracic aneurysm.
10. Mitral regurgitation.
19. Ulcerative endocarditis.
Stephen 1. Mitral stenosis and regurgitation.
2. Mitral regurgitation.
7. Aneurysm of 1st part of aorta.
25, 29. Aortic Aneurysm.
28, 36. Dilated heart.

Nervous System.

Mary 3. Compression paraplegia.
15. Facial paralysis.
20, 40. Peripheral neuritis.
25. Cerebellar tumour.
28. Cerebral tumour.
30. Acute myelitis.
35. Tetany.
45, 48. Myelitis.
49. Double facial paralysis.
Philip 26. Hereditary ataxy.
Stephen 11. Cerebral tumour.

Alimentary System and Abdomen.

Mary 4. Appendicitis.
33. Jaundice.
Philip 3. Carcinoma of pylorus.
Stephen 6. Gastric ulcer.
19. Hæmatemesis. ? Gastric ulcer.
20. Abdominal tumour.
33. Appendicitis.
35. Tuberculous peritonitis.

Typhoid Fever.

Mary 37.
Stephen 40.

Genito-Urinary System.

Mary 6, 39. Diabetes mellitus.
11. Acute nephritis.
19. Renal calculus. Nephrolithotomy.
21. Moveable kidneys.
Philip 5, 7, 9, 11, 24, 36. Chronic nephritis.
20. Diabetes mellitus.
Stephen 15. Hæmaturia.
24. Tubal nephritis.
26. Vesical calculus.

Respiratory System.

Mary 10. Bronchitis.
Philip 6. Stenosis.
12. Pleuritic effusion.
33. Hæmoptysis.
Stephen 21, 30. Phthisis.

Miscellaneous

Mary 14. Multiple arthritis.
24. Adenitis.
Stephen 3. Polyarthritis.

In the Surgical Wards.

Cases under Mr. Howse.

Charity 14. Recurrent carcinoma mammæ.
16. Lupus. Ankylosis of knee.
Cot D. Tuberculous wrist.

Cases under Mr. Davies-Colley.

Luke 3. Ankle-joint disease.
10. Locomotor ataxia. Spontaneous fracture of femur. Dislocation of metatarsus.

Cases under Mr. Lucas.

Astley Cooper 3. Run over. Amputation of leg.
17. Depressed fracture. Cranial nerve paralysis.
Charity 3. Pain in hip. Iliac abscess.
Job 6. Tuberculous ankle and wrist.
9. Prolapse of rectum.
15. Ankylosis of knee.
16. Sacral periostitis.

Cases under Mr. Golding-Bird.

Astley Cooper 22. Fractured patella.
29. Injury to neck.
Martha 17. Epiphysitis of femur.
18. Bursitis of knee.
Lazarus 4. Myxoma of face.
5. Tuberculous bladder.
7. Appendicitis.
16. Enlarged prostate.
18. Traumatic aneurism of anterior temporal artery.

Case under Mr. Symonds.

Luke 16. Laryngeal obstruction.

Case under Mr. Dunn.

Lazarus 3. Psoas abscess.

"Clinical."

John	3.	Aortic regurgitation and stenosis. Mitral regurgitation.
	4.	Intestinal obstruction. Resection.
	5.	G. O. K.
	6.	Mitral and tricuspid regurgitation.
	7.	Aortic regurgitation and stenosis. Mitral regurgitation.
	8.	Syphilitic nerve lesions and phthisis.
	9.	Pneumonia. Pericarditis.
	10.	Enteric fever.
	11.	Acute Bright.
	12.	Pneumonia.
	14.	Cirrhosis of liver.
Miriam	17.	Congenital hypertrophy of sigmoid.
	18.	Appendicitis.
	19.	Cirrhosis of liver.
	20.	Leucocythæmia.
	21.	Enteric fever.
	22.	Renal calculus. Operation.
	23.	Acute Bright.
	24.	Diabetes.
	25.	Pleuritic effusion.
	27.	Chronic bronchitis.
	28.	Gastric ulcer. Perforation. Operation.
	29.	Intestinal obstruction.
	31.	Ascites. Ovarian papilloma.
	32.	Marasmus.
	33.	Bronchitis. Congenital heart. Rickets.
	34.	Immersion.
	35.	Mitral stenosis and regurgitation. Phthisis.
	36.	Bronchitis. Fibroid lung.

Guy's Hospital Missionary Society.

The last meeting of the year of the Guy's Hospital Missionary Society was held on December 8th, in the Board-room. The speaker, Dr. D'Erf Wheeler, F.R.C.S. (Edin.), of the London Jews' Society, gave some interesting facts with regard to medical mission work among that ancient and persecuted race, of whom it has been justly said, by one of its leading representatives, that "sufferance is the badge of our tribe." The new Mission Hospital, recently opened in Jerusalem, at a cost of £13,000, is built after the latest and most approved fashion, the wards and operating theatre fulfilling all the requirements of modern asepsis. It is a matter of interest to note, that the medical superintendent of the old hospital, Dr. Chaplin, is a Guy's man, and held office for the long period of twenty-five years. Dr. Wheeler succeeded him this year. At the close of the meeting, a presentation of a midwifery bag fitted with instruments, etc., was made by the Committee to Miss Georgina Vacher, formerly a probationer in the hospital and a member of the Society, who leaves on January 13th, for work in the mission-hospital and zenanas in Dera Ghazi Khan, N. India.

The Functions of the Suprarenal Bodies.

A Paper read before the Physical Society, on November 27th, 1897, by Mr. R. H. Jocelyn Swan.

Mr. President and Gentlemen,—The subject which I have the honour to bring before you this evening is one which appeals in particular to Guy's men, for it was Addison who, in his monograph on the "Constitutional and Local Effects of Diseases of the Suprarenal Capsules," in 1855, first brought to notice the disease subsequently named after him, followed in the next few years by the work of Sir Samuel Wilks, whose results are published in our hospital reports.

In dealing with the functions of the suprarenal bodies, one must necessarily bring in a good deal about Addison's disease, and so a few moments spent in describing the symptoms and pathology of this malady will not, I think, be lost. The characteristic symptoms, to use Addison's words, are "general langour or debility, remarkable feebleness of the heart's action, irritability of the stomach, and a peculiar change of colour in the skin." This pigmentation is the symptom which usually brings the patient before a physician; the colour varies from a faint brown to black, but is always deeper in exposed parts and in regions where the normal pigmentation is most intense. It is to be found on the conjunctiva and on the mucous membrane of the mouth, and I believe I am right in saying that a patch of coloration on the buccal mucous membrane, in association with other general symptoms, is a sign to be looked for to clinch one's diagnosis. Pigmentation has also been found on serous membranes. Vomiting may be a prominent symptom, whilst diarrhœa is frequent. The heart's action is feeble and the pulse small and rapid. There is great asthenia, the patient seeming to have neither mental nor physical energy. This prostration becomes more marked as the illness progresses, all the senses becoming deficient until death ensues—usually from syncope.

Concerning the pathology of the disease, two chief theories have been advanced—one, that it is an affection of the abdominal sympathetic system, involving in particular the solar plexus and its ganglia, and the other, that the disease is directly due to loss of function of the adrenal bodies. It is on these two theories that I am basing my paper to-night, and I hope, by a compilation of the work of many authors and experimentalists, to tell you the latest ideas on the subject, so that at the end we may be able to draw out our conclusions.

Before proceeding further, I must say a few words concerning the development of the suprarenal. As long ago as 1839 Bergmann described a close relationship between the gland and the sympathetic nervous system, and in 1845 Kollicker published a paper in which he stated that he believed the medullary portion was purely of nervous origin, and therefore epiblastic, whilst the cortex was developed from the mesoblast. No further

definition was offered until 1882, when Weldon first asserted that the cortex was developed from the most anterior part of the primitive kidney. In his later work on the embryo of the lacerta muralis, he observed that at the time the glomeruli are being formed in that part of the Wolffian body which is in direct apposition with the generative ridge, there is a localised proliferation of cells opposite to the points of juncture of the segmental tubule. This mass divides horizontally at the entrance of the blood-vessels, the upper half remaining to form the cortical portion of the suprarenal body, and the lower going to form the connecting tubule between the testis and epididymis. If this is true, it explains why accessory suprarenal "rests" are sometimes found in the vicinity of the sexual organs—for instance on the testicle or in the broad ligament of the female. In elasmobranchs and some lower vertebrates the glands consist of two separate portions—one a single, median body placed between the kidneys and regarded as analogous to the cortex of mammals, the other, paired and placed one on either side, regarded as medullary. Passing on to higher forms, birds, reptiles and mammals, Balfour finds that these three bodies are combined to form two distinct organs, and states that the medullary portion is at first distinct from the cortical, into which it gradually becomes insinuated, retaining, however, its connection with the neighbouring sympathetic ganglia. At the same time it must be said that Gottschan maintains that the medullary cells are derived by a metamorphosis of the cortical cells, and that the ganglia and nerve-fibres grow in from the sympathetic system.

With regard to the presence of ganglion cells in the medulla of the suprarenal, much discussion has taken place. Luschka, Virchow and Auld have each described them as being present, but this is contradicted by Alexais and Arnaud. Rolleston, in his Goulstonian address of 1895, thinks that probably there are a few ganglionic cells present in connection with the grey nerve-fibres which have been clearly demonstrated by means of Golgi's silver nitrate method.

Thus you will readily see how this connection with the sympathetic nervous system has given rise to one of the two theories already mentioned as to the causation of Addison's disease, but, for the moment, any further insight into it must be deferred.

Passing on now to the experimental physiology of the adrenals, by which I mean the results obtained after excision of the glands, very various opinions have been put forward. Brown Séquard was the first to attempt the removal of the glands after the stimulus given to the subject by Addison's researches and, in operating on dogs, cats and rabbits, found that extirpation was followed by death, expressing the opinion that the suprarenals were absolutely essential to life, and that their function was to modify or destroy a substance which could transform itself into a pigment when collected in the blood. These results set others to work, and it was not long before more papers were brought out, notably two by Phillippeaux and Harley, who stated that they had independently removed the glands without death supervening, and thought that the fatal results in Séquard's cases was due to peritonitis or to injury on neighbouring tissues, principally the sympathetic. Similar results to Harley's were reported by many other physiologists. Tizzoni was the next to publish his work, and came to the same conclusion as Séquard, that death followed ablation of the glands, offering as a suggestion to Harley's work that the loss of the glands was compensated for by the presence of accessory suprarenal rests, and it is interesting to note that these latter have of late years been found hypertrophied in cases in which removal of the glands have not been attended with a fatal issue. Another suggestion was put forward by Alexander to explain the same point—namely, that the glands may not have been entirely removed. This is probably a more efficient reason owing to the close anatomical relationship existing between the right suprarenal body and the inferior vena cava, showing how easily some fragments may have been left behind to become hypertrophied and to undertake the functions of the whole original organ. Tizzoni gives a fuller account of his work than his predecessors. He found that death occurred in some animals after a short, and in some after a long interval of time after ablation of the glands, the final symptoms being similar in the two cases, though those dying after the longer interval presenting a much greater resemblance to Addison's disease. He also published some interesting accounts of changes in the nervous system in association with death after removal of the glands. He described a congested state of the grey matter of both cord and cerebrum, as well as an inflammation of the pia mater, and in those dying after long intervals, degeneration was often found in Goll's column of the spinal cord. These lesions Tizzoni considers to be the direct consequence of degenerative changes in the sympathetic nervous system, causing a variation from the normal blood supply, and though acknowledging that these changes in the ganglia accrue from disturbance in the adrenals, he does not believe the latter to be the active agents in the production of the lesions. Now, the question naturally arose as to whether Tizzoni's observations were the direct result of removal of the glands, or whether to some concomitant result due to damage of the sympathetic system during his operations. Stilling, in 1890, objected to Tizzoni's method of operating from the back, and so in his experiments removed the glands by laparatomy, thus not only running less risk of direct damage to the sympathetic, but more or less reducing the chance of any inflammation extending from the wound to the nervous system. Death followed his experiments, but he never found any change in the central nervous system.

Thus, removal of both glands from an animal causes death from toxæmia, the toxic substance being probably produced by the metabolism of the tissues of the body. But if only one gland be removed, no toxic symptoms are developed, and the remaining gland undergoes a

compensatory hypertrophy, whilst if this be afterwards removed, coma and death result. Further, if blood from an animal whose adrenals have been removed be injected into another healthy animal, toxic symptoms are produced, but they are only transitory.

In 1894, Boinet showed that the effect of ligaturing the efferent vessels from the suprarenals was even more fatal than extirpation. This experiment would obviously do less harm to the sympathetic, and tends to show that the results are due to loss of function of the glands rather than to nervous influence.

In all the foregoing, I have been endeavouring to show that the suprarenal glands are indeed functional glands, and belonging to a class the exercise of whose functions constitutes one of the most vital proceedings in the animal economy; but I must defer the consideration of their actual power, as shown by invection of the extracts, until we have followed up our line of argument about the nervous theory of action of the glands as seen in the post-mortem examinations on cases clinically diagnosed as Addison's disease, and thus leave for a short time the physiological side of the question.

Rolleston summarises the conditions of the suprarenal glands recorded in Addison's disease as the following:—

1. Fibro-caseous lesion due to tuberculosis.
2. Simple atrophy.
3. Chronic interstitial inflammation in fact a cirrhosis.
4. Malignant disease invading the glands—including an original case quoted by Addison of a malignant nodule compressing the suprarenal vein.
5. Extravasation of blood into the suprarenal bodies.
6. Pressure on, or inflammation of, semilunar ganglia, without any obvious lesion of the glands.

The fibro-caseous lesion is the only one that is at all common, and except for the simple atrophy of the glands, the others are comparatively very rare.

Now, when the experimental work of Phillippeaux and Harley (who, you will remember, thought the glands were not essential to the animal) was published, one naturally looked for some lesion other than that of the suprarenal itself to account for the train of symptoms of Addison's disease. In a number of post-mortem examinations, Sir Samuel Wilks found that inflammatory products originating from the tubercular suprarenal gland had spread to and involved the semilunar ganglia, solar plexus and sympathetic nerves, and maintained that the symptoms of Addison's disease were due to secondary morbid changes in the nerve ganglia, induced by lesions in the adrenals. Greenhow, in his Croonian Lectures for 1875, agreed with Wilks, but stated, in addition, that the symptoms were in direct accordance with, firstly, irritation; and, secondly, atrophy of the nervous elements involved—the irritation producing both vomiting and pigmentation. Both Sir Samuel Wilks and Greenhow considered that the lesion in the adrenals was always the same, namely, tubercular inflammation, and taught that the atrophic form sometimes found was simply a more advanced stage of the same disease. Semmola, in a paper before the International Congress of 1881, went still further, and gave out that the lesions in the suprarenal glands were irrespective of Addison's disease, but that if present, they were due to injury to their nerve supply—in other words, trophic. The nervous theory sounds very feasible until one comes to consider more facts found at autopsies on cases involving either the suprarenal gland or the sympathetic nervous system. Taking first those of the gland itself, it fails to explain the numerous cases recorded in which absolutely nothing has been found amiss with the ganglia and nerves, nor does it explain the occurrence of Addison's disease associated with simple atrophy of the gland. Arnaud and Alexais defended the first criticism by limiting the nervous changes to the ganglia in the fibrous capsule, and were thus able to explain the healthy appearance of the semilunar ganglia and solar plexus. Taking, on the other hand, diseases in which the sympathetic ganglia have become involved in inflammatory tissue, irrespective of any lesion in the suprarenal capsule, such as spinal caries, tubercular peritonitis or abdominal aneurysm, beyond slight pigmentation of the skin, no symptoms of Addison's disease have developed. Now, pigmentation of the skin is by no means characteristic of Addison's disease, for it has been noticed in cases of renal tumours and in exophthalmic goitre besides the affections mentioned above. Further, Dr. Hale White, in 1889, showed that the semilunar ganglia of adults normally showed signs of degeneration and pigmentation, and it does not seem unlikely that too much stress has been laid upon some slight change in the nervous elements to account for the symptoms of so grave a malady.

Since, then, the nervous theory does not explain the cause of the symptoms of Addison's disease, it remains for us to examine the one set forward by loss of function of the glands, in fact the original cause propounded by Addison himself. Assuming for the moment that the suprarenal bodies are actually functional, there are at least two ways in which they might physiologically act in the body:—

(*a*) As excretory or katabolic bodies, removing and destroying effete and toxic substances from the blood, or

(*b*) As secretory or anabolic bodies, forming within their cells a secretion which is of value in the animal economy.

Considering the former proposition first, namely, that the suprarenals are excretory bodies, it has been stated that they may either destroy blood-pigments or toxic bodies produced during the metabolism of the animal from the blood. Now, the katabolic changes undergone by hæmoglobin, after its separation from the red blood corpuscles, have for some years been known to take place in the liver, and MacMunn considers that this action is performed in addition by the suprarenal bodies; and, further, that on their destruction by disease or experimental extirpation, pigment is accumulated in the blood. If this were so, one would expect to find an increase of pigment in the circulation in these conditions, but up to the present neither solid particles of

pigment nor soluble chromogen have been found in the blood, nor has any increased colouring matter been reported in the urine of patients suffering from Addison's disease. MacMunn based his theory on these assertions; working by means of the spectroscope he found hæmochromogen in the medulla of the normal suprarenal gland, and looked upon it as blood-pigment in an excretory stage. Further, in testing the urine of patients with Addison's disease, he found a body which he considered was due to the interference with the metabolism of the pigment and which he called urohæmatoporphyrin, a substance shown by Mr. Hopkins in 1893 to be a mixture of urobilin and hæmatoporphyrin, both of which are amongst the normal urinary pigments. Now, Garrod has found that hæmatoporphyrin is present in increased quantities in the urine of tuberculous patients, as well as in some other diseases, such as pneumonia and gout, and since Addison's disease is in the great majority of cases of a tubercular nature, the hæmatoporphyrin is thus probably accounted for. I am unable to find any other suggestion put forward to explain further actions of the suprarenal bodies upon blood-pigment, and it seems improbable that there is any real katabolism of hæmoglobin taking place within them.

With regard to the hypothesis that the adrenals remove toxic products from the blood, there is a similar lack of evidence. Certainly we know that the blood of an animal previously deprived of its adrenals, produces toxic symptoms when injected into the circulation of healthy animals—a fact which seems to show that toxic bodies are present in the blood after removal of the glands, but, as Langlois has pointed out, this toxæmia is directly counteracted by an injection of suprarenal extract. Now, if the suprarenals take up a poison, which, having accummulated in the blood, would give rise to toxic symptoms, injection of suprarenal extract ought to increase the toxæmia—which we have seen is not the case.

These, then, are the arguments raised to show that the suprarenal bodies are not katabolic in function; we must now look into the alternative view, that is, that the glands are anabolic and that they, in their cellular elements, do actually manufacture and secrete a substance which becomes of use in some, at least, of the various mechanisms of the animal, and I shall endeavour to put before you the results of work, both experimental and histological, that has been done towards this end during the last few years.

The knowledge which has been obtained by the various workers on the subject as to the functions of the suprarenal bodies, has accrued from watching the results of injecting extracts of the glands into animals, both by hypodermic and intravenous means. The modes of preparation of these extracts have been various, some aqueous, some alcoholic, whilst recently glycerine extracts and decoctions in normal saline solution have been preferred. For these extracts, both fresh and dried glands have been used with the same results, but I hope to speak more in detail as to the chemical nature of the active principle later on and to follow now the results obtained after injection into the animal—results which are in the main fully acknowledged by all observers, though some hold different opinions as to their mode of action on the several tissues of the animal.

The first observations of the action of an extract of the gland were published in 1884 by Pellacani and Foà, Who found that hypodermic injections of watery or glycerine extracts into cats, frogs and rabbits were invariably followed by death, usually in a few hours, after great prostration and sometimes paralysis. Naturally these new results were severely criticised at the time, and Alexander stated that they were entirely due to toxic substances formed in the method of preparation of the extracts. Here the matter seems to have rested for some years, until Professor Schäfer and Dr. Oliver published their first communication to the Physiological Society in 1894, and it is to their lengthy researches on the subject that we have been enabled to learn the more minute details of the actions of the gland extract on the various systems of the body. Their first publication showed that it required a large dose of the extract to produce a fatal result—in fact, as much as fifty grains of the fresh gland were necessary to produce death in twenty-four hours. Since this paper, other publications of their work have not only confirmed their previous results, but many new facts have been added, so that a few remarks from their last issue in 1896 will practically cover the whole ground. The same method of preparation of the extracts was made as before, except that in addition infusion in water and normal saline were made by boiling the minced gland in the solution for a few minutes after filtering. The filtrate was found to be strongly active, clearly showing that the active principle is not of a ferment nature; prolonged boiling, however, entirely destroyed its physiological action. The dose given necessary to produce a good action is exceedingly small, usually about one and a half milligrammes of fresh gland to every kilogramme of body weight of the animal experimented upon, and when one considers that of this fresh gland over eighty per cent. consists of water, the actual amount of active principle given in each dose is very minute.

The general effects of an injection of the extract are identically the same in all animals, though some are more susceptible than others to a dose proportionate to their body weight. These general effects are lassitude, slightly lowered temperature, an increased blood-pressure, both from arterial constriction and increased cardiac force: the respirations are shallowed and sometimes irregular, whilst occasionally convulsions are produced. These physiological results do not take place immediately after the injection of the extract, but after a short latent period averaging about twenty seconds, but varying in accordance with the time occupied by the injection in travelling from the peripheral vein to the arterial circulation. The length of time during which the effect lasts varies, as will be shown later,

when only a single injection is given, but if the extract be made to flow continuously into a vein, the action goes on uninterruptedly.

Considering now a more detailed account of the extract on the several tissues of the body, the most marked action is that upon the circulatory system. The variations of the cardiac cycle seen after an injection are of two kinds—depending upon whether the pneumogastric nerves are intact or not. With these nerves uncut, the ventricles beat more slowly, though losing none of their original force; the auricles are powerfully inhibited, occasionally stopping in diastole after a short latent period. Schäfer has sometimes noticed an initial increase of rate of the auricular beat. If the two vagi nerves are now divided, the cardiac effect is wholly changed; both chambers of the heart beat rhythmically and both are increased in rate and force. Taking now the effect on the blood-vessels, the arterioles become powerfully contracted, their calibre diminishing to one half or even a quarter of their normal, and there is in accordance with this an enormous rise of blood-pressure. This constriction of the arterioles is so great that the blood-pressure rises immediately, despite the fact that the heart beat is slower than originally, but after division of the vagi nerves it rises still more, sometimes attaining a pressure of four or five times its normal. This action on the arterioles will begin and persist if the nerves supplying the limb or the spinal cord are divided, either before or during the experiment, clearly showing that the action is a direct one on the involuntary muscle of the vessel wall and not one due to central influence. However, it should be said that two foreign observers, Gluzinski and Cybulski, have independently stated that the action is one on the nervous system and not a local one, maintaining the division of the spinal cord prevents the action taking place. Since these ideas were promulgated, Schäfer has repeated his previous experiments and is unable to find any cause to change his original statements. The effect of a single injection on the arterial system is characterised by a rapid rise of blood-pressure, followed, after a short time during which the pressure remains at its maximum, by a gradual fall, the whole effect lasting from four to six minutes. During the fall of blood-pressure the pulse is said to become dicrotic. The action of suprarenal extract applied directly to cardiac muscle is interesting. It requires a stronger solution to product the effect, but if this be made to circulate through the heart by means of a Roy's perfussion cannula, both the rhythm and force of the ventricular contraction are increased, the diastolic period becoming shortened; with still stronger solution (5 per cent.) each contraction commences before the termination of diastole and the ventricle finally stops in systole.

The effect of the constriction of the arterioles is conveyed to the visceral organs. The volume of the kidneys and spleen, recorded by the oncometer, are considerably diminished, but it is interesting to note that the volume of a limb may be either diminished or increased when a reading is taken with a plethysmograph; this is explained by the fact that the medium-sized arteries may become dilated owing to the enormous pressure on their distal side, and in this way may even more than compensate for the shrinkage of the limb due to the contracted arterioles.

On the respiratory system there is only a slight change noticed after injection of suprarenal extract. The breathing in rabbits and dogs becomes somewhat more shallow and may be slightly irregular. This change only lasts about two minutes, and the respirations soon resume their former character.

On the skeletal muscles the effect of an injection of suprarenal extract has been compared by some earlier observers to be analogous to that of curare, which paralyses the nerve endings in the muscle, the idea being based upon the paralyses produced in the frog following a hypodermic injection. Schäfer and Oliver have shown the effect to be much more like that of veratria than curare. Taking two muscle-nerve preparations—one of which was normal and the other after an injection of the extract—a similar stimulation of the nerves by a single shock gave a contraction of each muscle after a latent period of practically the same time. Further, if the two contractions were registered on a revolving drum, the height to which the two levers rose was the same; but the difference is seen in their relaxation periods, for here the preparation poisoned with the extract gave a much more prolonged curve. We must note here that this veratria-like effect persists in the muscle for some time after the blood-pressure has again fallen to normal, a fact on which one of the theories put forward to explain the elimination of the active principle has been based.

No effect has been found in any of the secretory glands in the body to follow an injection of the extract.

As to which portion of the gland contains the active principle, only one opinion is held. After carefully separating the cortical and medullary parts from each other, discarding any fragment that might contain parts of each, extracts were made by infusion or decoction. That obtained from the medullary portion was found to be strongly active, whilst that from the cortex inactive. Hence it is obvious that the active principle is contained in the medulla and not in the cortex. It has also been found that an extract prepared from suprarenal glands affected with Addison's disease, produced no physiological action when injected into the blood-vessels of an animal.

I spoke a moment ago of the elimination of the active principle of the suprarenal bodies from the animal. This has also been a source of employment to several experimentalists, without any very definite conclusions being arrived at. Schäfer and Oliver found that as good a physiological effect was produced after ligature of the renal vessels as before, clearly demonstrating that the principle was not disposed of in the urine. Further, no abnormal bodies have been found in the urine of other animals after injection. They next determined that neither blood nor its plasma salts had any effect on the agent, for the result of injection was as good with extract that had stood in contact with

either as it was when freshly prepared. Now, I have spoken of the action on skeletal muscles being delayed beyond that of the increased blood-pressure, and from this it has been concluded that the principle is for some time, at any rate, stored up in the muscles of the animal.

All the foregoing experimental work of adrenaline injection seems to show that the suprarenals are actually secreting organs, and this gains decided support from Cybulski, who found that the blood in the suprarenal vein contains the active principle of the gland in sufficient quantity to produce marked physiological actions when injected into the blood of another animal.

Before arriving at the conclusion that the suprarenal glands are actually secretory, it is necessary to say a few words on the histological appearances that the cells may assume under certain conditions. Briefly, then, reminding you of the nature of the gland substance as learnt in our histological classes, there is first an investment by a fibrous capsule, which sends trabeculæ into the cortical substance dividing the cellular elements up into a peripheral layer, characterised by the rounded grouping—the zona glomeralosa—and deeper, into the columnar arrangement of the zona fasiculata. The layer of cells separating the cortex from the medulla is named the zona reticularis from its peculiar deposition of cells and connective tissue. Of the cells, those in the cortex are polyhedral in form and nucleated; the blood vessels in this part run in the fibrous septa between the columns of cells. In the medulla the cells, as a whole, are more irregular and branched, bathed in the blood contained in the venous spaces, which receive their supply after traversing the capillaries of the cortex. This is as far as a text-book description takes us, but my object now is to go further and tell you something of the researches of Dr. Auld, and views that he has expressed as to the actual secretory action of the gland and the mechanism of its elements during action. Firstly, then, Auld has described three distinct classes of cell in the medulla of the suprarenal:—

1. The glandular cell with large nuclei.
2. A highly branched cell.
3. A few ganglion cells clustering around nerve fibres.

He contends that the medulla is the only portion of the gland engaged in producing a secretion which is transmitted into the blood. In pursuing his work, he found that the cells which are most actively engaged in preparing the secretion are situated in that part of the medulla which is directly adjacent to the zona reticularis. Here the cells are arranged in columnar and alveolar form and occupy the meshwork formed by a network of blood spaces, the elements being grouped in such a manner that one end of each cell is in contact with the blood stream. Activity of the cell is shown to be similar to that of an ordinary gland cell in its successive stages. First, the cells become somewhat elongated, and the nuclei recede to that portion of the cell farthest from the blood stream; the protoplasm becomes clouded with fine granules which eventually are arranged as striæ. Then, by contraction of the cell, the striæ are squeezed through the cell membrane as a secretion into the blood stream. As in all other secretory glands, a period of activity is followed by one of rest, during which the cells regain their energy to form new secretion. In the suprarenals, it seems, according to Auld, that some pigmentary substance is extracted from the blood into the cells, and there, in some manner, is changed into a colourless substance to be expelled as an integral part of the secretion. Both whilst in the cells and in the blood, this substance gives numerous colour reactions and must be regarded as a chromogen. Of course it should be said that this histological work was only published some fourteen months ago, and that I have been unable to find any further publications, either confirmatory or propounding new ideas, of which many must necessarily be expressed before this can be believed as being correct.

And now, if you will allow me a few moments to pass off into a digressive path, I want to say a few words on the chemical examination of the active principle contained in the suprarenal bodies. As long ago as 1860, Vulpian found that from the medullary portion of the glands, a body could be obtained giving strong reducing action. Zucco, some years later, suggested that the body was neurine, or some chemical compound of that base, but it has been shown that the physiological action of neurine and suprarenal extract are not comparable. Virchow suggested leucin, and both benzoic and hippuric acids have been held responsible for the action of the extract, but without sufficient reason. No other substance was put forward for some time until, in 1895, Moore published his first paper on the subject. He found that the active principle was soluble in water, alcohol, and normal saline solutions, but insoluble in *absolute* alcohol, chloroform, benzene or ether. Boiling for a few minutes in water or acids did not affect its activity, though heating to 40° C. with dilute alkalies entirely destroyed it. The product after three to four hours' boiling was also inactive. The principle, he thought, was strongly reducing, giving colour reaction with perchloride of iron, chlorine water, bromine, iodine or caustic potash. If an aqueous extract were made by decocting the minced glands in water for a few hours and the filtrate gently evaporated, a brown waxy mass results. This is extremely active physiologically and gives the same solubilities as the glycerine extracts. Further, an aqueous decoction can be dialysed into distilled water through a parchment, and the dialysate found to be very active, and to give the same colour reactions as the extracts. Now, Moore found that the solubilities and chemical reactions of both the reducing agent and the active principle found in the medulla of the adrenals were exactly the same, and in the following year Fränckel, in Germany, maintained that they were actually one and the same body, describing how he had isolated a substance from the glands by its solution in alcohol and acetone, afterwards purifying by repeated boiling with absolute alcohol. For this body Fränckel

volunteers no chemical formula, and we are left in doubt as to its purity. In a further paper by Moore, published about four months ago, he distinctly repudiates the above work, pointing out the fallacy in that repeated treatment (especially heating) of the extract with alcohol destroys its properties, and shows at the same time that the active principle of the gland and the chromogen—for this the reducing body undoubtedly is—are not the same. For this purpose he treated the medulla of the suprarenal bodies with alcohol for about fourteen days, at the end of which time he found that the filtrate contained a large amount of chromogen, but gave no result on injection, and from this and other similar experiments argued that the substance giving the colour tests is not necessarily the one producing the physiological action upon an injected animal. Moore put forward the suggestion that both substances might be contained in the same molecule, the active principle being in one group and the chromogen in another, and offered this as a possible explanation as to how the active principle may be destroyed by reagents with the preservation of the chromogen.

Finally, some further investigations by Krükenberg disclosed that an alcoholic extract of the gland gave a precipitate where treated with basic lead acetate—the filtrate from which was quite inactive. Now, the residue must necessarily contain the active principal in a more or less oxidised form, and from it he abstracted the same brownish waxy mass that was obtained after evaporating the aqueous extract. For this body he calculated a chemical formula of approximately $C_5H_{14}NO_4$, which will be seen to contain pyridene radicale C_5H_5N. Lauder Brunton states, however, that pyridene has no power of increasing the blood-pressure, though one of its reduction products, piperidene, has an effect remarkably similar to that of the active principle of adrenals on injection into an animal, and it is worthy of note that many of our powerful gland extracts and alkaloids are in some manner closely related to pyridene. From this observation it has been suggested that the active principle of the suprarenal bodies may be a pyridene derivative containing a reduced or partially reduced, pyridene ring. It must be acknowledged, however, that these suggestions are much enhanced in speculation, and will require confirmation before they are accepted. In fact, one would hardly be considered wrong to say that as yet neither the active principle nor the chromogram have yet been isolated, though so many of their chemical properties are known, many of which are shown to be identical. All that one can assert is that probably the two are not identical, and here we must be content to rest pending further investigations.

Having thus somewhat cursorily analysed the various arguments put forward to explain the pathology of Addison's disease, and incidentally put before you the functions of the gland, you will doubtless see how far the results of experimental research seem to turn the balance in favour of the gland being directly secretory in action. Though we have seen how far the observations in the post-mortem room appear to make the nervous theory of the disease untenable, yet some eminent physicians are still loth to give it up. In fact, Dr. Bramwell has lately expressed the opinion that some, at least, of the symptoms of Addison's disease are due to the changes involving the ganglia; he derives this view from the fact that cases are recorded, which, clinically diagnosed as Addison, have been found post-mortem with perfectly normal adrenals, whilst the abdominal sympathetic has been involved in new tissue; and, secondly, from cases in which at the autopsy the glands were found extensively diseased without any symptoms during life. Possibly in these latter, death had occurred before sufficient time elapsed for the appearance of the symptoms of such a chronic disease.

Finally, a few words about the treatment of diseases with suprarenal extract. As a direct outcome of the inadequacy theory of Addison's disease, it has been used for the latter. In whatever form the substance be given, whether as the fresh minced gland, tincture, or dried extract in form of a pill, the results vary. Compared with the treatment of myxœdema by thyroid treatment, they are decidedly disappointing. Sometimes there is no perceptible improvement, but often cases have been recorded in which the general strength of the patient has increased with gradually diminished pigmentation, where the treatment has been continued for months, though relapses are reported. Dr. Bramwell in particular records a case in which very marked improvement followed under extract treatment, but death following some time after from influenza, the adrenals were found the foci of considerable tubercular inflammation. In cases recorded in our medical journals, I have been able to find seven in which suprarenal extract seemed beneficial in Addison's disease. In all, the vomiting ceased and the pulse increased both in value and strength. In some the pigmentation became less marked. In two of the cases death occurred from extraneous causes, and the suprarenals were found extensively diseased. In another death followed from syncope after three months' treatment, and the author expresses his doubt as to whether the fatal termination of the disease was in any way delayed. Of Guy's cases I have been able to find several during 1895 and 1896, in which the extract was prescribed in Addison's. In three of these cases the treatment seemed beneficial, for the patients grew stronger, but it only remained for one to leave the hospital "relieved," and this one has unfortunately not been traced. The other two subsequently died, and were found to have caseating suprarenals. In one case in particular, the patient seemed to improve and was allowed to leave his bed. Soon after the patient got some bad symptoms, and the tabloids were omitted. He got worse, the pulse became almost imperceptible at the wrist, and death ensued. Unfortunately no general statistics are at hand to show the number of cases of Addison's disease in which treatment by the extract has been unsuccessful, but during the same years there are four cases reported in the hospital in which no good

effect has followed extract treatment. It should be borne in mind, however, how chronic Addison's disease is, and so any remarks as to this comparatively new mode of treatment must be as yet premature and possibly fallacious.

With regard to the treatment of other diseases by means of suprarenal extract, a few words will suffice. Two cases have been found in which it was prescribed for diabetes insipidus, but no success has attained its use. It has been used as a hæmostatic in cases of purpura and hæmophilia, and has been reported as of some avail, but in a case in Clinical of a man bleeding from the gums in pernicious anæmia, it failed to produce any effect when applied locally. It has been tried in exophthalmic goître in the hope that it might reduce the calibre of the dilated blood-vessels, but no success has been reported.

Dr. Stanley has found that its use increases the number of red blood corpuscles, and so has prescribed it in the various forms of anæmia, but without much benefit. Lastly, it has been used locally on the eye to reduce a congested state of the blood-vessels where an operation is required. The dose of the extract prescribed in Addison's disease is that which would be equivalent to two whole glands, once per diem.

Briefly, then, summarising the conclusions which one may justly arrive at, we find that most certainly are the suprarenals functional in producing an active internal secretion, which acts in maintaining the tonicity of the muscular system in general, though more particularly on the muscular tissue of the heart and of the arterioles, and that in producing this effect its action is direct and local and not through any medium of the central nervous system. We have seen that extirpation of the glands from animals produces not only weakness of the heart and muscular system generally but also great want of tone in the vascular system—a result characteristic of Addison's disease. I have attempted to show that in disease the train of symptoms first described by Addison is due to the inadequate action of the glands in producing their secretion, but how far any concomitant affection of the neighbouring sympathetic ganglia may either add to or increase these symptoms must remain an open question—possibly both may act together. We have followed up in our arguments the experimental work done in various laboratories, and seen that the medulla alone of the suprarenal gland is engaged in preparing the secretion, the part played by the cortex towards this ultimate end remaining unknown. Both the physiological results of injection of the gland extract, and the histological appearances of its structure during action have been observed, whilst the chemical characters of the active principle have been described as far as our knowledge advances. Finally, a few moments have been spent in considering the effect on disease by treatment with suprarenal extract. It is premature to talk of adrenaline being of any value in disease of the glands, though in some years' time, when the results will be more numerous, we shall be in a much better position to judge of its being of any use.

In conclusion, gentlemen, let me again thank you for the honour you have done me in inviting me before you this evening, and also for the kind manner in which you have followed the paper, and I only hope that I have been able to make myself intelligible to all, though the facts of the argument have been strung together in so disjointed a fashion.

During the paper several specimens from the hospital museum, and copies of blood-pressure and cardiac tracings were exhibited.

In the discussion which followed

Mr. Shufflebotham asked what were the post-mortem changes found after an overdose of the extract and how was the pigmentation in exophthalmic goître produced, arguing that the colouration in the diseases mentioned in the paper could all have been of sympathetic origin. He also asked the functions of the cortex.

Mr. T. L. Jackson made some remarks as to the treatment of diseases other than Addison with the extract, and with what result in cases occurring under his notice.

Mr. Robert Howard suggested that the pigmentation might be due in Addison's disease, and in exophthalmic goître, to the alterations in the vascular supply, drawing an analogy with the colouration of a limb that is œdematous and congested from any cause. He also suggested as a possibility that the extracts of the glands of some animals might not be so efficacious as those from others in the treatment of Addison's disease, and asked from what animals the glands have been used.

Mr. Hope asked if tubercle bacilli had been actually found in the diseased suprarenal glands.

Mr. Targett made some remarks upon the association of diseased suprarenals with the overgrowth of hair, precocious sexual development, and with the abnormalities in the nervous system—anacephalics and the like. Mr. Targett also gave some account of accessory suprarenal "rests" and the situation in which they are found.

Several other gentlemen also spoke.

Mr. Swan replied to these questions and the meeting adjourned.

Astley Cooper Prize.—The next Triennial Prize of £300 will be awarded to the author of the best essay or treatise on the "Physiology of the Pancreas." Candidates are informed that their essays, either legibly written or type written in the English language, or if in a foreign language, accompanied by an English translation, must be sent to Guy's Hospital on or before the 1st of January, 1901, addressed to the Physicians and Surgeons of Guy's Hospital. Each essay or treatise must be distinguished by a motto and accompanied by a sealed envelope containing the name and address of the writer. For further particulars to be complied with apply in writing to Dr. Hale White, 65, Harley Street, London, W.

A severe Case of Erysipelas, complicated with Delirium Tremens, treated with Antistreptococcin—Recovery.

Recently having launched out from my alma mater, and engaged in fresh spheres of work, I have had the good or bad fortune to be confronted with two desperate cases: one I lost, viz., an acute rheumatism, complicated with pneumonia, pleurisy, and pericarditis; the other—the subject of these notes, would, I firmly believe, have died, had it not been for the serum treatment. So, humanly speaking, a great measure of my gratitude is owing to antistreptococcin, and hence it is my duty to record the fact.

Mr. Y., æt. 38. A gentleman, who for several years, greatly to his detriment, has indulged too freely in alcohol, and has likewise been smitten down on two or three previous occasions by attacks of erysipelas, returned the worse for drink on the evening of October 29th.

October 30th. He was seized with an acute illness, which revealed itself by the characteristic blush over the nose, the temperature being 103°, and pulse 120. My partner, who was called in, gave a bad prognosis; in fact, one could hardly select a worse subject for that disease. The course of treatment adopted was as follows: Salines for the first twenty-four hours, with a brisk purge of calomel, followed the succeeding day by heavy doses of iron, and the usual local treatment, accompanied by most satisfactory results, for the temperature fell to normal. However, as is so frequently the case with erysipelas, a recrudescence occurred, and the patient again became seriously ill, his face on the right side became covered with purulent blebs. My partner having several confinements impending, handed over the case to me. I continued the same line of treatment throughout November 1st and 2nd with the addition of quinine sulphate, 5 grains every four hours. On the latter of these days signs of restlessness and twitching appeared. Sulphonal, chloral and bromides all failed to induce sleep, so that on the morning of November 3rd, the disease rapidly spreading, I injected the patient with 20 c.c. of antistreptococcin. The temperature then being 103°, pulse 118. The improvement was most marked, for the same evening the temperature was lower and the pulse quieter.

4th. Condition not maintained, a decided retrograde change took place. Erysipelas has spread over the scalp as a general "boggy" swelling. Injected antistreptococcin 20 c.c. Temperature 102°, pulse 128. No obvious result followed, the injection apparently not checking the disease. I endeavoured with fairly satisfactory results to stay the general twitching and plucking at the bed clothes with paraldehyde ℥xx. 4tis. horis. I was called in the middle of the night to find the patient with a temperature of 105°, and the general condition desperate, patient passing motions and urine under him. Tepid sponging was ordered.

5th. Patient continues to take liquid food satisfactorily every two hours, but he lies in a low muttering delirium, oblivious to everything and everybody. Erysipelas has spread to the left side of the face. 11.20 a.m., injected antistreptococcin 10 c.c., the pulse being 128, temperature 120°, and respiration very rapid. No pneumonia found. Treatment as before, *e.g.*, Quin. Sulphas gr. v. 4tis horis., Tr. Digit. ℥vii., Liq. Strych. ℥iii., etc., 4tis. horis., Brandy ℥ss. 4tis. horis., alternating with the Digitalis mixture. The patient continued to go from bad to worse, sweating profusely, and apparantly poisoned by the disease.

7 p.m. Injected antistreptococcin 10 c.c.

9 p.m. Temperature 102·6°, pulse 114, respiration 40.

10 p.m. Temperature 102·4°, pulse 116, respiration 44.

6 a.m. Temperature 99·4°, pulse 124, respiration 44.

I practically gave up the patient at 12.30 p.m., hardly expecting to see him alive the next day; at 4 a.m. a change for the better appeared, and the next morning he was fairly rational.

6th. Patient covered with urticaria. The erysipelas on the left side still apparently active, so I injected—

10 a.m. Antistreptococcin 8 c.c. Temperature 99·4°, pulse 108, respiration 40.

12 a.m. Temperature 99·4°, pulse 100, respiration 36.

2.30 p.m. Temperature 98·8°, pulse 116, respiration 44.

6 p.m. Temperature 99°, pulse 96, respiration 40.

4 a.m. Temperature 101°, pulse 96, respiration 32.

10 a.m. Temperature 99·6°, pulse 96, respiration 28.

D. T. symptoms still persistent, but patient has regained control over his motions and urine.

7th. Better, but erysipelas not entirely suppressed on the left side of the face, so a further injection of—

Antistreptococcin 8 c.c. 11.30 a.m., was made. Temperature 98°, pulse 90, respiration 28. Temperature 98·6°, pulse 78, respiration 26, 6 a.m.

8th. Erysipelas better, boggy swelling rapidly disappearing, but D. T. symptoms more obvious. Temperature, pulse, and respiration as before.

9th. Restless night. D. T. still a source of anxiety.

10th. Has slept off and on all night and all day.

11th. Convalescent; cutaneous structures practically normal except for extensive scaling.

Humanly speaking, one can claim the salvation of the patient to antistreptococcin; after the first injection the improvement was so marked, that my confidence in the efficacy of the treatment was such as to make me persist, even when the action was not apparent and when everybody had given up the patient. The disease had gained such mastery over the phagocytes before the injections, that one could hardly claim the desperate symptoms were due to antistreptococcin. The pulse throughout the treatment never became unduly rapid, considering the severity of the disease, although at times it was hardly perceptible; this fact I believe can be explained by the counteracting action of the serum over the poison; however, the same powerful control over the poisonous effects does not seem to apply to the respiratory centre, for you will notice that the respirations

remained high even when twenty hours had elapsed from the fall of the temperature.

On November 7th, the erysipelas clinically was active, although not shown by its effect on the pulse, respiration or temperature, proving, I take it, that the serum had gained the mastery, and all the poison absorbed into the system was immediately neutralized. Accordingly I injected only a small quantity of the serum to ensure the excess of that agency, with satisfactory results, for no further recrudescence occurred. This stage of excess or reaction of the pendulum, as I might compare it with, was marked by a general urticaria, and from that time the improvement was simply marvellous. C. E. C.

The Indian Medical Service.

I make no apology for sending you a rejoinder to Surgeon-Captain Birdwood, since in the Gazette of November 6th you were kind enough to promise to insert one from me.

After all, the point at issue between Surgeon-Captain Birdwood and myself, is a question of experience, his limited to military duty in small and remote frontier stations, without a single day of purely civil work, has given him a favourable idea of the Service, the greater part of the duties of which he can only know of by hearsay, while my experience, passed mainly in the large military station of Rawalpindi, and also as Professor of Medicine and Civil Surgeon at Lahore, gives me a very different idea.

Personally I cannot recommend the Indian Medical Service to my Guy's brethren, since I think they would be happier and more successful in life out of the Service than in it. I have given my reasons already. Surgeon-Captain Birdwood tries to refute some of them. To judge of the accuracy of his remarks, let us take his first statement regarding the relative rate of pay of a doctor and a combatant. Here he compares the consolidated pay, that is, grade pay plus allowances of a doctor, with the grade pay of a combatant, forgetting that the grade pay and the total pay of a combatant are two very different things, just exactly as the consolidated pay of a doctor is much more than his grade pay. Thus, out of the eight combatant officers who constitute the normal strength of a regiment, no fewer than six draw extra allowances in addition to their grade pay. These average about Rs. 250 a month, so that the average pay of a combatant works out not much less than that of a doctor in a regiment. These are simple facts which anyone can verify for themselves from the Indian Army Regulations (the volume on Pay, I think vol. III.)

Ex uno disce omnes. The same ignorance of the general condition of the Service prevails in Surgeon-Captain Birdwood's other remarks.

I am sorry to enter into a controversy with an old Guy's man who is doing his country admirable service on the Frontier, but the point of view coloured by the excitement natural to such service must not be allowed to mislead Guy's men in their choice of a career which is far from consisting solely of such incidents.

F. H. BURTON BROWN.

7, Via Venti Settembre, Rome.

Ward Concerts.

Monday, December 27th	...	Martha,	3—5
		Philip,	5—7
		Eyes,	6.15—8
		Astley Cooper	6—8
Tuesday, December 28th	...	Mary,	3—5
		Job,	5—7
		Naaman,	7—9
Wednesday, December 29th	...	Lydia,	4—6
		Dorcas,	5—7
Thursday, December 30th	...	Clinical,	4—6
		Lazarus,	6—8
Friday, December 31st	...	Stephen,	3—6
		Samaritan,	6—8
		Cornelius,	7—9

The Disguysed Minstrels' Entertainments for the Nursing Staff, etc., of the Hospital will take place on the evening of Wednesday, December 29th, and one evening early in January in the Court Room, at 8 o'clock.

Metropolitan Asylums Board.

FEVER INSTRUCTION.

A course of instruction in the diagnosis and treatment of fevers will be held at each of the undermentioned hospitals on Tuesdays and Fridays at 11 a.m., commencing Tuesday, January 11th, 1898.

Eastern Hospital, The Grove, Homerton, N.E—Dr. E. W. Goodall, Resident Medical Superintendent.

North-Western Hospital, Haverstock Hill, N.W.—Dr. W. Gayton, Resident Medical Superintendent.

Western Hospital, Seagrave Road, Fulham, S.W.—Mr. R. M. Bruce, Resident Medical Superintendent.

Brook Hospital, Shooters Hill, Kent.—Dr. J. MacCombie, Resident Medical Superintendent.

Park Hospital, Hither Green, Lewisham, S.E.—Dr. R. A. Birdwood, Resident Medical Superintendent.

South-Eastern Hospital, Hatfield Street, New Cross, S.E.—Dr. F. M. Turner, Resident Medical Superintendent.

*South-Western Hospital, Landor Road, Stockwell, S.W.—Dr. F. F. Caiger, Resident Medical Superintendent.

Fountain Hospital, Grove Road, Lower Tooting, S.W.—Dr. C. E. Matthews, Resident Medical Superintendent.

*This Class being full, a Second Class has been formed on Mondays and Thursdays, at 11 a.m., commencing Monday, January 10th, 1898.

Passim.

Well, Christmas is round again, bringing with it its usual accompaniments, and decorators, niggers, nurses, sisters—in fact, all who have anything to do with the little Guy's world—are hard at work making the final preparations for the great day. The work is heavy, but it is one of love, all tending towards the happiness and enjoyment of some four hundred of this city's most deserving inhabitants, and who is there who would begrudge any measure of time or energy when such an end was in view? May all who have the privilege of being able to claim connection with Guy's this Christmas-tide obtain a full and overflowing measure of pleasure and true happiness.

Not the least important of the efforts to afford enjoyment to those most deserving it, is the tea to be given to a large number of the Borough children in the Out-Patient Department on Christmas afternoon. Apparently the only thing now necessary to make the occasion a success, is sufficient help on the afternoon to control and entertain the diminutive guests. The Matron has kindly consented to allow any nurse who is able and willing to do so, to go to the assistance of the committee, and it is sincerely hoped that many men as well, who find themselves free on that day between the hours of two and five will offer their services. The secretary is Mr. T. W. Landon, and a post-card to him at the hospital will be quite enough.

The arrangements for the ward concerts are now pretty well complete, and a list of the dates and hours fixed will be found in another column. It remains to be stated, however, that Martha will not depend solely on its Christmas-tree for the entertainment of the children of the hospital, but will have as well a magic-lantern and Punch and Judy show. Lydia, too, intends having the usual tree for the little ones.

The "Star" concert will this year take place in Stephen on New Year's Eve, and about this event we have a few words to say which we hope will be carefully read by anyone who has thoughts of being present. In the first place, then, this concert is NOT intended for the students, nor is it for the friends of the students, but it is for the entertainment of the Patients and Nursing Staff only. What has happened in former years is this: Long before the hour fixed for starting, students and their friends begin to congregate. The patients coming, perhaps, some of them only just before the appointed time, have the utmost difficulty in getting any seat where they can see what is going on. Those coming late—and this applies also to the nurses and sisters, who obviously cannot spare the whole afternoon—have not a ghost of a chance of obtaining a decent place, owing to the overcrowding of the ward by what are to all intents and purposes deadheads. These latter, last year, actually invaded that small quarter of the ward set apart for the artistes to disrobe and take refreshment, and felt themselves much aggrieved because they were asked to leave.

How, then, is this to be remedied? What we advise is this: Let the whole of Dr. Taylor's division be reserved and shut off from the rest of the ward. This can easily be managed by placing beds sideways in the arches between the divisions. The corresponding door can then be used solely by patients, sisters, nurses and those actually managing the concert, who might with advantage be distinguished by a small badge. Last year the arrangement of having the usual light refreshment at the conclusion of the concert, not in the middle of it, worked very well in Philip. The whole of the division ought to be well filled with patients and nurses only, and it remains now to all well-minded workers to see that this is done, and that every available patient in the hospital has at least the chance of going to hear, perhaps for the only time in his life, the efforts of some of the best of London's theatrical artistes. The rest of us can go and hear them any time we like for the modest sum of half-a-crown. Why, then, inconvenience those who have not our privileges?

Everyone has or will learn with deep regret of the death of dear old "Auntie." Very few, if any, of those who have been at Guy's during the last quarter of a century will need to be told that by "Auntie" we mean, of course, that dear old soul, Mrs. Keogh. Notwithstanding the ceaseless care of Sister Lydia and her staff, "Auntie" never really recovered from her accident last September, and finally fell a victim to the most dreaded complication of bed-ridden patients, pneumonia. Continuous efforts were made to get the old lady on her feet after she had got over the worst of her initial strain, but she seemed from the first to have lost all hope of getting well, and never gave her helpers

any encouragement or assistance. Perhaps, though, it were better that the end should come as it did, where all who knew her best were assured of her comfort and happiness in her last hours.

The hospital architect's most temperate and careful rejoinder to our remarks concerning certain improvements in the buildings of the Medical School, will be read with interest by those who desire absolute up-to-dateness at Guy's. We confess that when the paragraphs referred to appeared in the Gazette, we had not gone very deeply into the subject, nor made a special study of the difficulties of the situation, which latter are practically unknown to any but an expert such as Mr. Kirkland undoubtedly is. The object of the paragraphs in question was merely to call attention to what seemed to one of our committee as open to improvement, and we desire to thank Mr. Kirkland for pointing out the difficulties of the suggestions, and to express what we feel sure is general at Guy's, our entire confidence in his ability and discrimination.

To prevent any further misplaced generosity, the Editor begs to state that not being in the rag and bone line himself, he is quite unable to use advantageously the scraps of paper (other than genuine contributions) placed from time to time in the Gazette box in the colonnade.

A word of apology is necessary for the somewhat numerous clerical blunders in the report of Dr. Hale White's clinical lecture in the last number of the Gazette. Though guilty, we plead extenuating circumstances, as the report was inserted in a hurry as sent in by the reporter, and the editorial optics were somewhat exhausted with "take-in" work, when the time came to read the proofs.

We must again call the attention of our readers to the Christmas Card, which is now to be had of Mr. Mills at the hospital library at the moderate price of a dozen for half-a-crown. At present, it is not selling at all well, and the cause seems to be that many do not think it as good a production as last year's souvenir. But it must be remembered that that was an exceptionally good one, as we had Miss Pott's charming etching to work from. The new card is, however, of quite a different style, and as such cannot be compared with the old one. It is sincerely hoped that many purchasers may come forward to assist in making the card the success that we cannot help thinking it deserves to be.

At the same time we might renew our old notice that the artist-signed photogravure of Sir Samuel Wilks is now on sale at the Gazette office, price one guinea, or will be sent to any address on the receipt of a postal order for that sum. This engraving is really well worth having, and forms an excellent memento of Her Majesty's Jubilee year for all Guy's men, both past and present.

The list of the Disguysed Minstrel fixtures reminds us that it is high time that all our friends began working, in order that last winters' substantial support to the hospital, afforded by the same means, may be again renewed. We well know that this time of year is far and away the busiest for men at the hospital, and that it needs any amount of self-denial to take on any fresh work, but we do not hesitate to appeal to everyone who has the welfare of the hospital at heart to use every endeavour to support those who so generously give their services night after night, often at great self-sacrifice and personal inconvenience. Practically everyone has some friends round about London, and one or two judicious letters would, we feel sure, induce many who otherwise would not, to patronize our niggers.

Although this is virtually the Christmas number of the Gazette, it is, it will be seen, apart from the presentation picture, quite an ordinary number. It is, however, intended that the following issue, which will contain a full account of all the hospital festivities so far as is possible with our limited staff of workers, shall be in a way a special number, and it will come at a time when folk have more leisure for reading, and when those who leave the hospital to spend Christmas at home will have returned to their work once more.

When we are showing our sisters and our cousins and our aunts all the sights of the hospital, we always include a necessarily abbreviated course of wax models. And when we arrive at the well-known dissection of the axilla we repeat the time-honoured formula "that this is the masterpiece of Joseph Towne. The University of ——— offered Guy's ——— thousand pounds for this single model. No one knows how Joseph Towne worked. His is now

a lost art." We fill in the blanks in the formula according to the credulity of our auditors, and we deliver the last sentence in a falling cadence suggesting profound grief. Now, the question is, whether it is perfectly true to say that Towne's art is lost. It seems hardly credible that in a country the size of Great Britain there can be found none capable of following in the footsteps of our own anatomical genius. Would it not be nearer the truth if we said that no one had attempted this particular art? We believe that there must be several men extant quite capable of executing wax dissections in the best spirit of Joseph Towne; what is necessary is a patron who is capable of dissecting well, and who has money enough to cultivate a most useful aid to the medical student.

Now, if someone could be found who was capable of the work—and this "if" does not introduce anything like an impossible clause—there is plenty of scope for work in our own museum. There are many regions which are but poorly represented, and some which are not represented at all, and before we can consider our collection as anything like perfect, a large number of models should be added. The abdominal viscera, for instance, finds no place in the museum, indeed the only trustworthy models we have of these organs are the plaster casts in the "pickle-room." Of course, the objection may be raised that more models are unnecessary, that the use of models militates against dissection, and that an increase in the number would lead to a neglecting of the dissecting room. Apart from a direct denial of this statement, it may be submitted that if the use of models prevents the legitimate study of anatomy, and tends towards an artificial and unpractical knowledge, then the existing model museum should be closed—a proceeding we should all be very sorry to see.

The draws for both the Rugby and Association Cup Ties have fallen to Guy's in a pleasant place. Taking the Rugby first. In the preliminary round, Thomas's have a very easy task to perform. Then comes the first round in which Guy's meet George's—no mean opponents by the way, notwithstanding the sixteen point to nil victory last season. Bart.'s and Thomas's will easily win their games. Middlesex and Mary's ought to be the closest match in the round, and we hesitate to predict the winner. In the semi-final, the contestants will probably be Bart.'s and Thomas's on the one hand, which ought to prove a tight game, ending in favour of the holders, and we hope Guy's and perhaps Mary's. If that be so, won't there be a keen final again.

The Soccer men for the first time for some years have a chance of meeting Thomas's in the competition. They ought easily to beat Charing Cross in the first round; London should account for Middlesex pretty comfortably; but the Mary's and Bart.'s game should prove a tough one, Bart.'s most probably winning by a narrow margin. In the semi-final the teams left in should turn out to be Guy's v. Thomas's, London v. Bart.'s. Guy's ought to account for Thomas's, and thus reach the final. As to whether London or Bart.'s will be the other finalists, we will reserve our prophecy till a little nearer the time.

Our prognostications concerning the Blackheath match were fulfilled pretty well to the letter, a close and most exciting game resulting. As an example of a good forward game it could not be beaten, and though perhaps to the uninitiated it appeared dull and featureless, yet those "in the know" enjoyed it immensely. Only one thing, however, filled us with regret as we watched the game, and that was that Alexander is out of his year for Guy's.

The Coventry match turned out very satisfactorily as far as Guy's was concerned. Cutler and Thomas were both up at Cambridge for exams., and Rae had to leave after the first few minutes' play, the pack being reduced to seven in consequence. Moreover, we were two tries to the bad twenty minutes from time, but this notwithstanding, our men virtually pulled the match out of the fire, and in the end won comfortably by a majority of eight points. We sincerely hope that Rae will have quite recovered from his strain before the day of cup ties comes round, as it is of cardinal importance that the three-quarters line be definitely made up and settled.

A Correspondent writes:—Apropos of the articles appearing in the Gazette on Asepsis, the idea has struck me that it would be worth while suggesting that a broad shallow pot should be used for boiling the instruments, of such a size as to enable one to immerse the whole dish containing the instruments in it. By this means the instruments could be chosen and arranged in the tray before being sterilized, and

then after the tray and instruments have both been boiled, all that would be necessary would be to lift the dish out of the sterilizer, and thus all danger of contamination during the removal of instruments would be avoided, and there would be the advantage of having a sterilized dish as well as clean instruments. The trays for boiling would probably have to be perforated, but this would merely mean using double trays, a perforated one to be inserted into an ordinary non-perforated tray.

Sir Squire Bancroft's Reading of the "Christmas Carol" at the Crystal Palace, has resulted in a net profit to the hospital of £120. We understand that the Treasurer is going to be asked to allow this sum to be allocated as a nucleus for a fund of £1000, with which to endow a bed in memory of John Keats, poet and old Guy's man. If this idea is sanctioned other contributions will be invited.

Lectures ceased yesterday for the Christmas vacation and will not be resumed till January 3rd, 1898. So now there is no excuse as regards time for not helping in the general decoration of the hospital. It does one all the good in the world to "chuck" hospital work for a certain period and turn to some entirely new occupation, and decorating can give points to many of these for variety and novelty.

The Disguysed Minstrels' Club.

It seems but yesterday that the curtain rang down at the Crystal Palace Opera Theatre, yet the time is almost here for the commencement of a third series of performances. The list fixtures is as follows:—

6th January	...	Woodford.
11th "	...	Bromley.
14th "	...	Matinée Theatre, Langham Place, W.
19th "	...	Sutton.
20th "	...	Streatham Town Hall.
26th "	...	Penge Vestry Hall.
1st February	...	Tunbridge Wells.
3rd "	...	Brixton Hall.

No expense or trouble has been spared to produce an entertainment which for quality shall eclipse anything that has gone before. Dr. Richardson, Organist and Choirmaster of St. Saviour's Collegiate Church has kindly undertaken the duties of conductor, and the Troupe will be greatly strengthened by the addition of a large contingent of boys from St. Saviour's Choir.

And now, it simply remains for everyone who can influence the success of any of the above eight shows, in however slight a degree, to set to work forthwith.

Dress rehearsals will be given in the Governors' Court Room, by kind permission of the Treasurer, on the 29th, and 30th inst. Further particulars may be obtained from J. A. REASIDE, Secretary, D.M.C.

Stephen Ward Concert.

Friday afternoon, December 31st, 1897.

The following distinguished artistes of the dramatic and musical professions have consented to appear during the afternoon, by kind permission of their respective managers; Messrs. George Edwardes, D'Oyly Carte, George Musgrove, Charles Hawtrey, A. Cowenfeld, Albert Gilmer and Vernon Dowsett:—

Mesdames Marie Tempest (Daly's Theatre).
Letty Lind "
Katie Seymour (Gaiety Theatre).
Connie Ediss "
Beatrice Ferrar (Comedy Theatre).
Florence Perry (Savoy Theatre).
Jessie Kosminslie "
Millard Palmer "

Messieurs Arthur Roberts (Lyric Theatre).
Haydon Coffin (Daly's Theatre).
Maurice Farkoa "
Walter Passmore (Savoy Theatre).
G. H. Snazelle (Shaftesbury Theatre).
T. Q. Seabrooke "
Courtice Pounds (Prince of Wales' Theatre).
Norman Salmond "
Charles Copland "
Robert Ganthony.
Eugene Stratton.
Walter Sweetman.
Franco and Leoni.
Theo. Ward (Princess's Theatre).
Templar Saxe.
Horace Gilmer (Princess's Theatre).

Mr. Horace Gilmer has kindly organized and undertaken to direct the programme during the afternoon.

Betts' Testimonial.

The following names and subscriptions have been sent in to the Gazette Office:—

	£	s.	d.
W. H. A. Jacobson, M.Ch.	1	0	0
J. Reed, M.R.C.S.	0	5	0
H. J. Rees	0	2	6
T. J. Robinson	0	2	6
D. L. Morgan	0	2	6
G. T. Collins	0	2	6
F. O. Thomas	0	2	6
H. M. Cohen	0	2	6
F. Richmond	0	2	6
R. M. Barron	0	2	6
A. P. Allen, M.B.	0	2	6
A. W. Ormond	0	2	6
W. N. East	0	2	6
F. E. Fremantle...	0	2	6
E. Stott	0	2	6
F. D. Turner	0	2	6

Correspondence.

To the Editor of Guy's Hospital Gazette.

Improvements at Guy's.

Sir,—In your number of November 20th, in paragraphs 2 and 3, page 549, I notice that you refer to the lighting of the dissecting-room, and the arrangements for driving the gearing in the histology class-room, in the new medical school building, and with your permission I would ask to be allowed to make the following remarks, as I think it possible they may be of interest.

With respect to paragraph 2. Your suggestion to light the dissecting-room by electricity is not quite the simple matter your remarks suggest, for even here, that word with which we at Guy's have all become so familiar of late years—money—comes in, and in this way. The electric light and power used in the hospital at the present time all comes from coal burnt in furnaces at the London Electric Supply Corporation's works at Deptford, and in order that this might be brought all this distance at a reasonable cost as regards the conducting cables, it is produced there as an alternating current (*i.e.* the electric current passes first in one direction and then in the opposite direction; the changes of direction occurring eighty-three times every second) of very high tension (10,000 volts) and is conveyed direct to main transformer houses, wherein the pressure is reduced to 2,000 volts, which is then taken by mains along the streets and conveyed to other transformers near to the point in any house or position where light or power may be required, and in which the pressure (electro motive force) is again reduced, generally, as at Guy's, to about 105 volts. The nearest available cable from which electricity can be taken for use at Guy's runs down St. Thomas's Street (the next nearest runs down the Borough High Street), and when it was decided to light the new medical school buildings and a portion of Hunt's house by electricity, a cable capable of conveying 100 horse-power was brought in, and a transformer house built underneath the entrance to Hunt's house, from which the present supply is taken. Now, sir, this power appeared ample then, but "the wheels of the cumbrous official machinery" do move, and although perhaps slowly, still I feel sure that every Guy's man will admit that those in charge of starting them do their best to make them move to the advantage of the whole Guy's community, and in this case the power we have at hand, has, I am afraid, been mortgaged, as it has been decided to light the whole of the medical buildings. Still, the difficulty is only one of money, and I have no doubt that your suggestions will be carefully considered.

With regard to paragraph 3. I am afraid that the arrangement you suggest, viz., separate motors to each shaft on each bench, would, in this case, be impracticable, as the electric current supplied to us is alternating and of "one phase." Many clever brains have been turned to devising a really satisfactory motor for use with this class of current, but after long and careful investigation we were unable to discover any motor more satisfactory than those now in use, which have purposely been kept outside the room on account of the noise they make, and were you to have several motors in the room I am afraid the noise would be found very trying. The reason for this noise is—like many such in medicine—obscure. Some of the causes are these—an alternating motor apparently acts somewhat as a telephone, inasmuch as the beats of the engines at Deptford are plainly discernible. (It must be remembered that although the revolutions per minute of an engine crank shaft are practically a constant quantity, the velocity at various periods of one revolution is a variable quantity, the crank coming to rest and attaining a maximum velocity twice in each revolution). Also, one may readily imagine (I do not state this as a proved fact) that the change of molecular structure, due to the alternations of current, may cause some noise, and, again, mechanical noise due to belt connections, etc., which latter cause is in a great measure capable of abatement, and in this case is slight.

Should a direct current at any future time be available, I consider that your suggestion could then be carried out satisfactorily, as direct current motors are silent and much more satisfactory and efficient machines than those necessary for use with an alternating current.

As regards the slip of the bands, this can always be readily adjusted with ordinary attention, and I hope, as the person responsible for the present arrangement, that after a prolonged experience it will still be found satisfactory.—I remain, Sir, your obedient servant,

THOS. KIRKLAND.

17, Victoria Street, Westminster,
Nov. 29th, 1897.

The M.D. Durham, for Practitioners.

Sir,—Perhaps the following account of my recent experience at Newcastle when up for the Durham M.D. (Practitioners) may be of service to some old Guy's men now thinking of entering for that examination.

The papers I will say nothing about. Are they not printed in the chronicles of the Durham University calendar!

The clinical examination in medicine occupied one hour, in the wards of the Infirmary. I was shown a patient in bed, told I should have an hour to make out the case, and then left alone with my man. It was a case of left hemiplegia complicated by peripheral neuritis. The man had been a painter, and a drinker. In the middle of the clinical report I was writing out, another examiner came up and took me away to a table on which were placed three microscopes. He invited me to look through each and tell him what I saw. No. 1 contained the head of a tænia echinococcus; No. 2, pus; No. 3, uric acid. He then took me to a window in which stood an array of beakers containing a variety of urines; then

followed ten minutes' conversation on the subject of phosphates, uric acid, chlorides, blood, etc., in urine.

I was then told I could return to my case. This digression, totally unexpected by me, had made a good hole in my hour I had counted on for working out the case, and accordingly I had not nearly completed my report when the first examiner returned and commenced his viva. What was the disease? Cause? Most likely seat of the lesion? What about the knee-jerks? What about the grip? Was there any anæsthesia? What is "crossed hemiplegia"? Why "crossed"? Where is the lesion in "crossed hemiplegia"? What is the condition of the urine? Good-bye.

Next day came the clinical examination in surgery in the wards of the Infirmary. I was first taken to a table on which lay a number of instruments. A clamp, for piles, was picked up. What is it? Show me how you would use it (on the examiner's folded handkerchief). What purpose does the ivory serve? What other operations may be done for piles? He then took up part of a Mackenzie's tonsillotome. What is that? Whose name does it bear? Show me how you would apply it (on the pocket handkerchief again). What dangers may arise? In case you cut the internal carotid what would be your treatment? What might you do besides tying the common carotid? He then took me to a bed on which lay a small boy. He said: "Please examine him." I had just time to notice a cloudy cornea, and that the child was very cachectic, when he said "That will do," and took me behind a screen. What is the disease. Of course I had had no time to make a diagnosis, and said so. Well, what do you think it is? I suggested faintly "specific." Wrong; did you see the eye? Yes. Is that likely to be specific at his age? What else? Tubercle. Right. Why tubercle? Corneal ulcerated cachexia. What else? I had no other reason to give. Then followed an unpleasant five minutes on the subject of tubercular skin lesions, with the result that both the examiner and I got annoyed. I found out afterwards that the boy had marked tubercular dactylitis, and although I had taken the child's hand in mine I had not noticed it. The examiner evidently thought I had but would not own up.

He next showed me a man in bed. I asked the man "What are you in for?" He said he had a swelling in his groin. I examined the groin, but none was to be seen. Cough. Down came a left inguinal hernia. What is it? How would you treat it? A truss. No good. What else? Radical cure. How? McEwen's method. Describe it in detail. Good-bye.

This turned out to be the only examiner I was glad to get away from.

Then came the *viva voce* with specimens, pickles, models, etc., at the college of medicine. Six tables with ten minutes at each.

Table No. 1. *Forensic medicine.* A sample of Liq. Arsenicalis in a phial. What is it? What is the colouring agent? Dose? Poisonous dose? A crystalline powder in a bottle. What is that? Smell it. Chloral Hydrate. Dose? Poisonous dose? Antidote? Do you often use it? and other similar questions.

Table No. 2. *Public health.* Water-supplies? Drains? Ventilation? Closets? Traps? etc., etc., with many small models to name and describe and discuss.

Table No. 3. *Medicine. Enteric fever.* Temperature chart? Common complications? Eruption? Hæmorrhage? Ulcers? *Typhus fever.* How differing from typhoid? Eruption? Brain complications? Height of fever? *Pneumonia.* Stages, symptoms, temperature, treatment.

Table No. 4. *Surgery. Myeloid sarcoma.* Where usually found. Treatment. *Scirrhus mammæ.* What is that? Why? (retracted nipple and marked dimpling.) Which is the most diagnostic? Dimpling. Why? *Uric acid calculus.* As large as a cricket ball. Symptoms. Treatment. Why supra-pubic operation. *Surgical kidney.* Causes? *Hydronephrosis.* Causes. Treatment.

Table No. 5. *Pathology.* A stereoscope with a number of very beautiful photographic slides.

Three stages of pneumonia. Broncho-pneumonia. Tubercle bacilli. A pickled lung covered with very thick adhesions, nearly an inch thick in parts. Syphilitic. The questions were rather severe, but the examiners delightful.

Table No. 6. *Midwifery and gynæcology.* A mannikin hidden by a screen. Cold and clammy! Ugh! Please examine that. What is the presentation? Breech. Prognosis. Treatment? Causes of retained placenta? Treatment? Asepsis. Finger-nails. Cleanliness. P.-p. hæmorrhage. Treatment. Temperature of hot water injections? Dangers of styptic injections? Pickle. A distended fallopian tube. Pyo-salpinx. Causes. Treatment. Good-bye.

My experience was that the examination, though quite searching enough, is very fair, the examiners particularly pleasant. Even if a man failed I think he gets his money's worth in the benefit he derives from a course of study reading through all the subjects, not to mention the Latin, over his knowledge of which fifteen years of rust have been allowed to accumulate.—Yours, etc.,

M. D. DUNELM.

Pass List, October, 1897.

University of London.

M.B. EXAMINATION.

EXAMINATION FOR HONOURS.

MEDICINE.

First Class.—C. H. Fagge obtained the Scholarship and Gold Medal.

OBSTETRIC MEDICINE.

First Class.—W. T. Milton.

FORENSIC MEDICINE.

First Class.—W. T. Milton, H. J. Starling.

Second Class.—C. H. Fagge, R. W. Mayston, G. E. Richmond.

Viva Voce.

FINAL EXAMINATION OF THE CONJOINT BOARD.

(*Concluded.*)

Viva Voce in Gynæcology.

After 10 minutes with the obstetric examiners, candidate passed on to another table for another 10 minutes with the gynæcologists, who were far less agreeable.

Under what conditions would the os uteri bulge from the vulva? (Procidentia. Prolapse. Hyperplasia). Hyperplasia what of? (Of the cervix). What is it generally called? . . . . now, think a little? Why, general hypertrophy of the cervix, of course. What other conditions? (Fibroid polypus?). No, that would not be bulging of the os uteri? Well, then, what varieties are there? (I don't know). Ah, you've not read much about it, have you? (No, only the ordinary text-books).

What is the commonest cause of cystitis in women? (I don't know the commonest). What is any cause? (Gonorrhœa). Is that common? (No). What else? (Inflammation of uterus and vagina spreading up the urethra). Well,—when does that occur? Is it common in the lying-in room? (Yes, fairly so). Why? (Septic discharges). Why septic? And how do they act? (By dirt and bacteria being introduced). Introduced how? (Chiefly by the catheter). Yes, in nine cases out of ten.

What new formations may occur in the ovary? (Adenoma, adeno-carcinoma, carcinoma, sarcoma, fibroma, hydatid). Is hydatid common? (No). Have you ever seen one? I have seen one and don't expect ever to see another. What else? (The bell rang here). May not a dermoid sometimes occur?

Clinical Examination in Surgery.

Candidate in a quarter of an hour had to diagnose and tell the examiner about five different cases. He was told to examine each case carefully, but not to take too long over it, as that would count against him.

Case I.— A Charcot's knee, which was at first wrongly diagnosed as osteo-arthritis. The examiner asked for the reasons of the diagnosis, and for the other signs, positive and negative, that might be expected. Is it not rather unusual, he asked, for an osteo-arthritis to have such very free lateral movement? Would you like now to change your mind as regards the diagnosis?

Case II.— A large scrotal swelling in a young man. A lighted candle was on the next chair. The examiner offered his help with the candle; and a hydrocele was evidently present. How would you treat it? (After tapping had failed to cure, cut down and remove the sac). Could you strip the sac off completely? (No, not off the testicle).

Case III.—An old man in apparent good health, with a hard lump just above the right sterno-clavicular joint, in front of the anterior border of the sterno-mastoid. Well, the diagnosis is clear, isn't it? (Malignant growth in the glands). Is that the primary lesion? (I could not find any primary source). He gave you the clue to it when you asked about his swallowing. (He said his eyes sometimes swelled up, which did not seem diagnostic). He said, when he swallowed solid food, his eyes swelled up. It is a bad thing to ask a question and pay no attention to the answer. Will you diagnose the case now? (Malignant growth in the œsophagus).

Case IV.—A case of relapsing sclero-keratitis that had been under care of the candidate, as dresser to Mr. Higgens. He told the examiner so. "Oh, all right then; you'll know all about it. Come and tell me about the case." What was done? (Peritony in both eyes). Anything else? (Double iridectomy). What was that for? Was there not any alteration of tension? To what was that due? (Inflammation of ciliary processes which secrete the vitrous). Couldn't the increased vitrous be absorbed? What about the filtration angle?

Case V.—Hard, smooth, wide-spread mass, apparently fixed to the bone about the internal condyle of the left humerus in a healthy-looking adult of about forty. The examiner remarked that it was a difficult case and he did not expect it would be diagnosed. When he came back for an answer in about two minutes, candidate said he had not had time to examine it, and refused to give any opinion. He was allowed two more minutes, and then in turn suggested tubercle, syphilis, Charcot's disease and finally sarcoma. With the examiner's help he came to the conclusion that Charcot's disease was practically excluded, and that it was probably growth. He asked to be allowed to examine the lungs, and was told that they were healthy. Asked as to treatment, he said he would finally determine the absence of tubercle by examination of the sputum for bacilli; then would administer potassium iodide for three months, and if there were no improvement would amputate." Would you leave it three months before amputating?" asked the examiner. "Yes," was the reply, "if it has only reached this size with a fifteen months' history." "But," the examiner remarked, "it has only been three days under Mr. Owen at St. Mary's." "Then I should write to the practitioner and clear up the point." "Then you really would leave it three months?" "Yes, in that case?" "Well," (as the bell rang), "it's all right, sir; "you need not trouble yourself, you have done very well."

Viva Voce in Surgical Anatomy and Instruments.

(At 9 o'clock in the evening, after being locked up for two hours in a downstairs-room on coming out of the clinical examination. Light refreshments provided).

Candidate was taken to a man lying stripped, in a blanket, on a table; and was asked to map out the brachial artery. What were its branches, their relations and anastomoses? What was the course, relations and minute distribution of the musculo-spiral nerve? What was the distribution of the ulnar nerve? How would he tell if the ulnar were divided?

He was asked to map out the anterior annular-ligament of the wrist. What passed over it? What formed the

superficial palmar arch? Would he map it out? What formed the deep?

He was asked to map out the posterior annular ligament of the wrist, and to name the tendons on the back of the wrist.

What was the chief muscle between the thumb and index? What was the action of the interossei? What was the blood-supply of the thumb?

Candidate was asked to amputate the leg, sawing the bones four inches below the tubercle of the tibia. Having by mistake marked out a too long internal flap, he marked a short external flap. He was asked if he had seen that done, and what form of apparatus would be required?

He was then requested to bandage the ankle, without including the heel? After doing half a dozen turns, he was called off to a large case of instruments and asked to select the instruments required for an iridectomy. How would he perform the operation? What was the exact use of each instrument? He was shown Wheelhouse's probe-gorget and asked its name, its use, and the stage of the operation in which it was used. What was the difference between Wheelhouse's and Syme's operations, and for what different kind of strictures were they required? (About ten minutes only).

Viva Voce in Surgical Pathology and General Surgery.

(At the College in Lincoln's Inn Fields at 8 p.m.).

After a most cheering account of the easy questions he had had in his viva from a gentleman whose name did not eventually appear on the pass-list, candidate proceeded to suffer two of the worst quarters of an hour he has ever had in his life.

Specimen I.—He was shown the base of a skull with a fracture running up from the jugular foramen to the occiput, and was asked what were probably the symptoms in that case. (Pain, bruising, mobility). "Do you usually try for mobility in cases of fractured base?" asked the examiner. (No. There will be hæmorrhage under the muscles). What else? Will there be hæmorrhage inside the skull? What from? (Torn sinuses). Are the sinuses usually torn? (No. A branch of the middle meningeal might have been ruptured). Between what layers would the hæmorrhage take place? (Between dura and arachnoid). Anywhere else? (Some on surface of brain). Won't there be any between the dura and skull? Well then what will be the symptoms? (You may get paralysis from pressure on cortical area). Rather a broad term that. What part of the cortical area? (Motor area, I meant). Well, what else? How would it affect, for instance, respiration? (By vagus in jugular foramen). What, by pressing on or tearing it? (Yes). Well, how else? (By pressing on medulla). Well then, what characters will the respiration pave? (Slow and stertorous). Stertorous? Humph!

Specimen II.—Multiple enchondromata on fingers. The examiner asked:—What is it? Where do they grow from? (Candidate did not know, supposed the epiphysis). What, like those at the ends of the long bones? (Well, in a way). But do these ossify? (Not as a rule). Do those for instance at the end of the femur ossify? (Yes). Are the latter usually multiple? (No, single). Well, there may be two or three, but not like that. Do those on the fingers grow from the inside or outside? (I suppose the outside). In what other growths may you get cartilage? (Carcinoma). Where? (Rarely in the breast). Oh, commoner than that. (Sarcoma).

Suppose a man had a bullet wound in the eye, what would determine you to remove the eye? (Do you mean as regards the sight or as regards the general effect on the patient). Oh, everything? (If the shot had passed upwards or from without inwards, so as probably to have entered the brain?—er, I don't quite understand). I mean if the bullet had entered the eye-ball itself. (Er—er). Well, how would you diagnose penetration? (By tension). (Bell).

Specimen III.—Candidate was passed on to another table, and was handed a dry tibia with an evident periosteal sarcoma growing from the diaphysis. He was asked what was it? What was the black mark on the growth? (Melanosis). Was melanosis common in such a case? (No, but he had not seen anything like it). Might it not be blood? (He thought blood would not be such a dense black colour). Well, that was blood. Was the growth in a common position? (No, he would have expected it to be nearer the end). But that was very near the end? (But it looked as if it grew from the centre). Well, appearances in such cases were not very trustworthy. What would be the treatment? (Amputate through the hip). Oh, hip? (Yes, or middle of the thigh). Why the hip? (To get well clear of the joint and to reach the glands at the same time). But would the glands be swollen? If so, to what would the swelling be due? (Oh, probably to gonorrhœal infection, or infection of the skin over the growth or elsewhere in the limb). Well, then, quite frankly, why had he suggested amputation at the hip? (Perhaps because he had seen some successful cases with good artificial limbs). Then he would sacrifice the patient's safety to the instrument-maker? (Why would he not amputate for instance at the knee-joint? (Because the lymphatics would be infected above that point). Then in case of a small growth at the elbow, not invading the skin, what would he do? (Excise). Why would he not by analogy amputate at the shoulder? (Because the arm was far more useful than the leg). That again was sacrificing the patient's safety to his convenience. No, it was a question of the skin-flaps.

Specimen IV.—Dry superior maxilla with the thin shell of a calcifying cyst, as the examiner subsequently explained, inside the antrum? What was it? (It might be any tumour inside the alveolus of one of the teeth, spreading the bone over itself). What else might it be? Well, what were the signs of abscess of the antrum? (Heat, pain, swelling). Were acute abscesses common in the antrum? Candidate had seen one?

How was that treated? (By removal of a tooth). That was rather queer treatment. Perhaps the tooth was bad. (It was). BELL.

Appointments.

MEDICAL SCHOOL APPOINTMENTS.

The following appointments have been recommended by the Medical Council, and approved by the House Committee:—

Clinical Assistants.—Messrs. C. R. Hodgson, M. H. Thornely, W. T. Milton, G. E. Richmond, P. Turner, F. E. Fremantle.

Gynæcological Assistants.—Messrs. C. P. Weekes (January); R. T. Fitz-Hugh, J. A. Glover (February); P. W. Moore (March).

Clinical Assistants in the Medical Wards.—Messrs. W. S. Richardson (Dr. Pye-Smith); A. H. M. Saward (Dr. Taylor); S. C. Clapham (Dr. Goodhart); T. H. W. Landon (Dr. Hale White).

Clinical Assistant in the Surgical Wards.—Mr. F. A. Godson (Mr. Golding-Bird).

Clinical Assistants in the Medical Out-Patients.—Messrs. E. S. Hall (Dr. Pitt); W. C. Pritchard (Dr. Washbourn).

Dressers in the Eye Wards.—Messrs. W. N. East, W. C. Milward (February 1st); A. Kinsey-Morgan, H. P. W. Barrow (March 16th) (Mr. Higgens); A. D. Lewis, W. Mussellwhite (February 1st); J. Harris, F. G. Thomas (March 16th) (Mr. Brailey).

Dressers in the Throat Department.—Messrs. J. M. Fortescue-Brickdale, J. Howell, A. J. Cleveland, E. G. Goddard, J. Howells, S. E. Denyer, H. M. Berncastle, W. J. Lindsay.

Surgeons' Dressers.—Messrs. S. A. Ruzzak, E. E. Parrett, H. Durbridge, J. N. Dyson, A. Reid, J. J. Rodil (Mr. Howse); A. E. Clarke, O. Marriott, C. F. Watson, D. J. Munro, F. W. Brook, F. Shufflebotham (Mr. Davies-Colley); H. L. Eason, L. H. McGavin, W. R. Cazenove, J. G. Taylor, L. Wilkin, H. A. Gaitskell (Mr. Lucas); A. H. Carter, R. H J. Swan, F. D. Turner, W. B. Hope, A. R. McLachlan, J. T. Dunston (Mr. Golding-Bird).

Assistant Surgeons' Dressers.—Messrs. E. G. Andrew, J. B. C. Brockwell, J. H. Roberts, G. M. Brown, E. I. Davis (Mr. Jacobson); G. N. Meachen, G. Shorland, E. A. Evans, V. T. C. Bent, T. W. S. Browne, H. R. H. Denny (Mr. Symonds); H. M. Reeve, C. A. D. Bryan, E. W. H. Shenton, A. A. Smith (Mr. Lane); H. B. Foster, C. Edwards, W. H. Edwards, W. McIlroy, H. C. Holden (Mr. Dunn).

Medical Ward Clerks.—Messrs. L. C. Martin, C. B. Sells, A. W. Penrose, E. W. Goble, C. E. Hicks, C. T. Hilton, W. B. Secretan, G. S. Simpson, W. G. Stewart, B. W. Moss, R. W. B. Hall, H. M. Hardy, F. O. Stoehr, D. P. Watson, D. M. Evans, E. Stott, C. B. Thomson, A. Fraser, R. M. Barron, J. Atkins, A. Densham, T. J. Wright, A. McC. Dallas, H. St. A. Alder, A. E. Cawston, J. S. Cousins, A. H. Davies, F. R. Featherstone, J. F. Northcott, E. H. Felton, C. H. Glenn, R. C. Mullins, A. W. Talbot, H. Braund, H. A. Higgens, A. M. Thomas.

Medical Out-Patient Clerks.—Messrs. A. G. C. Davies, J. T. M. McDougall, P. H. Ward (Dr. Pitt); T. E. Holman, M. A. Alabone, T. Morgan (Dr. Washbourn); W. M. Thomas, E. H. Cragg, W. Austin Powell, (Dr. Shaw).

Surgical Ward Clerks.—Messrs. P. D. Hunter, W. Johnson, A. C. Lewis, H. V. Bagshawe, H. B. Carr, F. J. F. Jones, E. A. Miller, E. P. Mitchell, J. C. J. Da Silva, G. Lewin, W. H. Brailey, J. Alison Glover.

Obstetric Out-Patient Clerks.—Messrs. G. H. Bedford, H. B. Dismorr, T. H. W. Landon (January 1st); V. J. Crawford, C. H. Brangwin (February 15th).

Dental Surgeons' Dressers.—Messrs. R. E. Delbruck (January); J. H. Jones (February); R. Fell (March).

Clerks in the Skin Department.—Messrs. V. J. Crawford, S. A. B. C. C. Pennington.

Assistant Surgeons' Clerk.—Mr. E. J. Tongue (Mr. Jacobson).

Post-mortem Clerks.—Messrs. L. E. C. Handson, C. D. Outred (January); T. P. Berry (February); F. E. Walker (March).

Aural Surgeon's Dressers.—Messrs. J. E. Dupigny, L. Humphry (January); W. H. M. Telling, F. E. Walker, E. W. S. Rowland (March).

CIVIL.

BRODRICK, C. CUMBERLAND, L.R.C.P., L.R.C.S., L.M. Edin., has been reappointed Medical Officer of Health for the Tavistock Rural District.

THOMAS, D. W., M.R.C.S., L.R.C.P. Lond., has been appointed House-Surgeon to the South Devon and East Cornwall Hospital, Plymouth.

NAVAL AND MILITARY.

BIRD, J. W., gentleman, has received a commission as Surgeon, R.N.

HEWETSON, H., Surgeon-Lieut., A.M.S., has been ordered to embark for service in India.

TICEHURST, C. S., Surgeon-Lieut., 3rd (Duke of Connaught's Own) Volunteer Battalion the Hampshire Regiment, is promoted to be Surgeon-Captain.

Papers by Guy's Men.

Volvulus in a Hernial Sac, and in the abdomen. By J. T. J. Morrison, M.B., F.R.C.S.—*Birmingham Medical Review*, for December.

NOTICE TO CORRESPONDENTS.

The Editor wishes it to be understood that no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.

Death of Mrs. Keogh.

On Saturday, December 10th, Nurse Keogh died. She had for some time been a patient in Lydia ward, suffering from the results of a fall down stairs, and from the first grave fears were entertained as to her progress, on account of her age and her infirm state of health, and these fears were gradually realized as day after day passed away, and every effort on the part of those in whose care she was, only gave her "care" and brought no cure. It is now more than a year since we missed her quaint and cheery presence from the surgery, and during that time she has been able to live in comfort amongst her friends on the pension given her by the Governors and the fund raised by Guy's men.

Her funeral will take place next Monday at 10 a.m., at Melior Street Roman Catholic Chapel. It is hoped that many of her old hospital friends will be there, as a last token of the deep respect felt for her work here.

From the Gazette's Special Pathologist.

All specimens—particularly those of solid tissues—should be accompanied, if possible, by a short clinical and post-mortem history, and a postal order for 2s. 6d. An extra charge of 6d. per slide is made when prepared sections are to be forwarded.

All specimens to be addressed to the Gazette Pathologist, Medical Office.

Diphtheria specimens are to be labelled *Immediate*.

Postal Orders to be made payable to Mr. C. H. Wells.

NOTICES.

J. H. P., Bampton.—No tubercle bacilli can be found in the specimen of sputum.

R. C. N., Towyn.—The nodules in the turkey's liver are tuberculous, and are extensively caseous.

E. R. N., Hastings.—Tubercle bacilli are present in the sputum in small numbers.

H. L., Salford.—On section the tongue shows much infiltration of the muscular substance with squamous-celled epithelioma, but there is very little ulceration of the surface. The glands appear free from infection.

R. B. N., Swaffham.—The tumour is a scirrhus carcinoma, which has involved the entire thickness of the breast, the skin and the underlying fascia being adherent. On section there is much fatty change in the growth.

E. G. N., Reading.—Reaction faintly acid. Sp. gr. 1010; albumen a trace; blood and sugar absent. The centrifugalized deposit contains a large amount of squamous epithelium with a marked excess of granular leucocytes and a few very minute calcic oxalate crystals. No tube casts can be found nor other evidence of organic renal mischief.

C. G. R., Halstead.—A vertical section of this specimen shows nothing but dense fibrous tissue beneath the mucous membrane.

PATHOLOGIST.

Sport.

Association Football.

INTER-HOSPITAL ASSOCIATION CUP.

Result of Draw.

A. Charing Cross.	v Guy's ...	E.	Final.
D. St. Thomas's	v. University		
B. London	v. Middlesex	F.	
C. St. Mary's	v. St. Bart.'s		

At a general meeting of the United Hospitals' Association Football Club held at St. Mary's Hospital on December 13th, it was decided that a junior cup should be offered for competition among 2nd XI.'s of hospitals. Rules have been drawn up and will be published as soon as possible.

SURREY SENIOR CUP.

2nd Round.

GUY'S v. WOKING.

This match was played at Woking on December 4th, and resulted in a defeat for Guy's by two goals to one. The ground was of a distinctly undulating nature, in addition to which there was a slope, while the wind was blowing hard obliquely across. In some measure these items may account for the erratic display given by the Guy's team.

The Hospital kicked off downhill and went away with a good rush, and it was distinctly hard luck that our score was not opened within the first few minutes of play. Two or three very good shots were put in by the forwards, all of which, however, were kept out. For some time the play was confined to the Woking half, but at last their forwards got well together and brought off some runs which looked very dangerous. From one of these a centre was put in by Quinton which Thomas ran out to and punched away—unfortunately straight to the Woking centre-half, who put the ball into the net with an excellent shot quite out of Thomas's reach. Up to half-time no further scoring took place, the game being very even.

On crossing over, Guy's played uphill, and the game became very fast. On three or four occasions Guy's should have scored—the old weakness of shooting wildly and feebly was, however, again in evidence. About twenty minutes from the re-start Hughes and Humphry brought off a smart piece of play which resulted in Hughes scoring a very good goal. The hospital team was at this time playing a hard game and giving the opposing back division a lot of trouble, they were, however, unable to gain the lead. Mandy, on the right, was conspicuous with some excellent runs down the field, in fact he appeared to be almost the only man in the team not affected by the unusual geographical conditions. Just before "time," the Woking right wing sent in a shot which Thomas came out to, but which he did not properly hold, the ball slipping out of his hands and

rolling into the net. His second effort to save was a very good one, but, unfortunately, the ball was just over the line when he reached it. Guy's tried hard to equalise but could not get round the Woking defence, and so when the whistle blew were left losers by two goals to one.

It must be admitted that although Guy's did not show very well they had everything against them. A tedious journey down from London and a strange ground—in more meanings than one—were not conducive to a good exhibition.

Among the forwards Humphry, Hughes, and Mandy worked very hard for their side and deserved better results. Witcomb appeared to have completely lost his head at times and nullified many good runs by bad centring and passing. Humphry was hardly up to his usual form, more especially as regards his shooting. Lacey missed one or two good chances, but on the whole played a good game.

The halves had a lot of hard work to do, the ground, however, was against their feeding the forwards properly.

Of the backs, Longhurst played a hard game and saved some dangerous rushes. Robson was out of form, missing his kick once or twice and being slow in getting on the ball.

Thomas, in goal, played the best game he has played this season, his mistake with the second shot being the only one he made. It is to be deplored that the hospital is thus debarred from the hope of possessing the Surrey cup this year, as it was thought that our prospects of doing so were good; however, the men must now concentrate their energies on retaining the inter-hospital trophy.

Training is the key-note for a good team, and one or two members should remember that it is unfair to the hospital and the rest of the team if they do not take full advantages of the excellent opportunities Guy's offers for becoming and keeping fit. Team:—

GUY'S.—A. P. Thomas (goal); W. M. Robson, E. A. Longhurst (backs); R. W. B. Hall, J. McAlpin, R. H. J. Swan (halves); P. S. Mandy, H. K. Lacey, A. Hughes, L. Humphry, C. Witcomb (forwards).

GUY'S v. OLD CRANLEIGHANS.

Played at Honor Oak Park on December 11th, and won by Guy's by two goals to one. Guy's kicked off against a very hard wind, but at first pressed. By degrees, however, they were driven back, and for the greater part of the first half the wind and their opponents prevented their getting within shooting distance. From a very good piece of combined play, in which all the forwards took part, Lacey was able to give the Hospital the lead. On crossing over Guy's did a good deal of pressing, but the old fault once more asserted itself, and several openings in front of goal were thrown away. By some good passing on the right wing, Mandy was able to put in a shot, which, the goal-keeper only partially clearing, bounced out into play, when Humphrey banged it back into the net.

The Old Boys made great efforts to score and the game became much faster. At last, from a centre which was missed by both the Guy's backs, their outside left scored with a shot which gave Thomas no chance. No further scoring occurred, Guy's winning as stated.

Longhurst was unable to play through illness, and Hughes took his place at full back. He played a vigorous and useful game, his kicking being at times very good. We should like to see Robson put rather more energy into his play. Wiltshire turned out and played at centre forward. He should make an acceptable addition to the attack. Team:—

GUY'S.—A. R. Thomas (goal); W. M. Robson, A. Hughes (backs); R. W. B. Hall, J. McAlpin, G. P. Joy (half-backs); P. S. Mandy, H. E. Lacey, A. Wiltshire, L. Humphrey, C. Witcomb (forwards).

GUY'S 2ND XI. v. ST. MARY'S 2ND XI.

Played at Honor Oak Park on Saturday, December 4th, and resulted in a win for Mary's by four goals to two. Guy's were not able to put their usual team into the field, and in consequence the combination of the team was very weak; Mary's were decidedly the superior team. During the greater part of the first half Guy's were on the defensive, and Mary's scored three times, a foul being claimed for one goal, but the referee disallowed it. Once or twice our forwards broke away, but were only able to score once through Ash, though they missed a number of easy chances. During the second half, play was more even, and each side scored once. We scored through Ash from a good corner by Roberts, and should have scored on one or two other occasions had it not been for the bad shooting of the forwards. The kicking of the backs was very much at fault, and in consequence of this, Mary's got through more often than they should have done. Camps, Hughes, and Greenfield, were the pick of a very scratch team. Team:—

GUY'S.—F. M. V. Smith (goal); J. Matthews, T. G. Miles (backs); H. Tipping, D. G. Greenfield, and W. O. Roberts (half-backs); L. O. Card, V. Wallis, J. R. S. Ash. L. J. Hughes, and P. W. L. Camps (forwards).

GUY'S 2nd XI. v. BALHAM WANDERERS "A."

This match was played at Streatham Hill, on Saturday, December 11th. Guy's lost the toss and kicked off against a strong wind. Balham soon pressed, and shot, but Smith was equal to the occasion and saved. Eventually Matthews cleared, play was transferred to the other end of the field, and two corners were forced, but nothing came of them, and once more Balham, aided by the wind, worked their way up the field but could not score, Matthews, Miles and Smith, defending well. After a time, Guy's forwards got away, but off side was given against Peall, and in a few minutes half-time arrived with no score. The play after the interval was confined for the most part to the Wanderer's half, but their forwards now rushed down, and Matthews failing to head the ball, they easily scored. Play then became faster, Guy's pressing strongly, and Greenfield put in a splendid shot and made the scores level. Shortly after, time was

called, the match resulting in a draw of one all. Team :—

Guy's.—F. M. V. Smith (goal); J. Matthews, T. G. Miles (backs); H. Tipping, D. G. Greenfield, L. G. Nash (half-backs); H. V. Wallis, W. O. Roberts, J. R. S. Ash, L. J. Hughes, P. A. Peall (forwards).

Rugby Football.

The following is the draw for the cup competition ties :—

Westminster
St. Thomas's
Charing Cross
University
London
St. Bartholomew's
Middlesex
St. Mary's
St. George's
Guy's

GUY'S AND ST. THOMAS'S v. BLACKHEATH.

No account has reached us of this match, but a splendid forward game resulted in a lucky win for the home team by a try to nil. Team :—

Hospitals.—A. C. Ransford (back); F. W. Sime, K. B. Alexander, A. H. Greg, L. H. Hanbury (three-quarter backs); F. C. Wetherell, H. R. Bateman (half-backs); D. H. Traill, R. C. Mullins, A. H. Cutler, F. M. Bingham, H. C. Thorp, A. E. Martin, A. H. Cunningham, F. Stevens (forwards).

GUY'S v. COVENTRY.

The conditions attending this match were much more favourable than was the case last year, when with a weak side, the Hospital suffered defeat by eight points to six.

Guy's lost the toss and Smith kicked off in face of a strong wind. The home team at once settled down to attack, and a brilliant round of passing among the Coventry backs led to a try by Wells. Loveitt failed to convert from a difficult angle. Rae, in running to tackle Wells, unfortunately strained his leg again, and had to retire about five minutes from the start. After this disastrous beginning, the Hospital forwards played better, though Bagshawe had retired to the three-quarter line, and made several incursions into the home territory. Coventry also did a good deal of attacking, but the tackling of our men was very sound, and nothing further was done up to half-time.

On resuming, Lloyd-Evans made a brilliant run, and following some capital passing, Tuke scored a fine try for Coventry. The kick again failed. At this point it seemed as though we should be badly beaten, when, after some loose work in mid-field, Sime picked up when running at top speed, and dashed over with a splendid try. Walker converted with a big kick. Encouraged by this success our forwards played with great dash, and Sime, receiving from Walker in his own half, made the run of the day, and scored another wonderful try. The Coventry defence now broke down badly, and Wetherell charging down a kick, ran in behind the posts. Walker dallied with his kick, and Wells touching the ball in its flight, no goal resulted. Guy's continued to press, and Wetherell scored a fourth try by clever feinting. Walker again failed, though the kick was an easy one. Eventually the Hospital though failing to take advantage of two penalty kicks, retired winners of an exciting game by one goal and three tries to two tries.

All the tries were the result of individual efforts, and there was no combination whatever among the backs; everybody, however, played very hard, and beyond the fault just mentioned, we have no complaints to make. "Si sic semper!"

Guy's.—A. C. Ransford (back); F. W. Sime, C. D. Pye-Smith, F. J. Pierce, F. L. Rae (three-quarter backs); F. C. Wetherell, F. E. Walker (half-backs); A. A. Smith, R. C. Mullins, C. F. Watson, H. V. Bagshawe, F. G. Gibson, D. H. Traill, F. R. Featherstone, A. H. Wall (forwards).

GUY'S 2ND XV. v. LONDON AND WESTMINSTER BANK.

This match was played at Honor Oak Park on Saturday, December 11th. The Bank kicked off against a strong head-wind which was blowing straight down the ground. With the help of the wind, the ball was gradually worked down close to their goal-line, and Shorland obtaining the ball from some loose play in front of goal, dropped a goal ten minutes from the start. For the rest of the first half play ruled fairly even, and nothing more was scored. On crossing over, the Bank, with the wind at their backs at once began to press, and their three-quarter line soon scored a try wide out, which was not converted; later they added another unconverted try, and though the Hospital forwards once looked dangerous, nothing further was scored, and the game ended in a win for the Bank by six points to four.

The Hospital team was a weak one owing to illness, etc. Team :—

Guy's.—E. N. Jupp (back); C. E. Hicks, H. W. Barrow, G. Evans, C. T. Hilton (three-quarter backs); F. D. S. Jackson, W. Jarvis (half-backs); F. G. Rashleigh, P. T. Manson, D. P. Watson, G. Shorland, R. Littlewood, M. A. Collins, J. Dadd, K. V. Trubshaw (forwards).

Guy's Hospital Rifle Association.

The Annual General Meeting of the above Association was held on December 1st. The following officers were elected for ensuing year. President: Mr. Dunn. Captain: A. Pearson. Hon. secretary and treasurer: H. Stanley-Turner. Committee: H. St. A. Alder, F. G. Gibson, S. Hodgson, B. W. Moss, W. H. M. Telling.

Marriage.

MARCH—HIGGINS.—On December 9th, at Highgate, Edward Gerald March, F.R.C.S. Eng., of Reading, to Margery Blanche, second daughter of Dennis L. Higgins, Esq., of 3, North Grove, Highgate.

Death.

ROBERTS.—On December 11th, at "The Beeches," Lowestoft, Reginald George Haselwood, elder son of Reginald J. Roberts, M.B., aged 5½ years.

Ed.—F. E. W.